

Beechwood Homecare Limited

Bluebird Care (Carlisle)

Inspection report

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Date of inspection visit:

22 March 2017

30 March 2017

Date of publication:

19 May 2017

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

The inspection took place on 22 and 30 March 2017 and was unannounced. Bluebird Care (Carlisle) was re-registered with CQC in August 2015 and this was the first rated inspection for the service.

The service is registered to provide personal care to people living in their own homes. Services provided include; Help with personal care and hygiene; getting up and going to bed; medicines; helping at mealtimes; support with shopping, laundry and housework.

The service is available to people aged 18 or over who may be living with physical or learning disabilities, sensory loss or impairment, mental health illness or dementia.

The service is available in Carlisle and surrounding areas. At the time of our inspection there were 23 people receiving a personal care service from this provider.

There was a registered manager at the service and they were in attendance at the time of our inspection of the service. 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 we spoke to about the service told us that they were very pleased with the service. Staff were described as, "very, very helpful" and "very friendly." People told us that they felt "safe" with the staff attending them. No one that we spoke to raised any concerns with us about Bluebird Care (Carlisle).

The service had procedures in place and training for staff, to help ensure that people who used the service were protected from the risks of abuse and harm. The sample of care records we reviewed also contained detailed and clear risk assessments to help make sure staff and the people they supported were safe. People who used the service and the staff we spoke to as part of this inspection all told us that copies of these important documents were kept in their homes.

We found that people were supported safely with their medicines, where this formed part of their care package. Staff had undergone training and had been required to update this on a regular basis. Competency checks had been carried out to make sure their practice was safe.

There were emergency plans in place at the service and a robust on-call system. Both staff and people who used the service knew how to use this system.

The staff we spoke to during our inspection all told us that they received training relevant to their job and that they felt well supported by the registered manager and office staff. The staffing records that we reviewed all supported the comments made by care staff. People who used the service, who we spoke to,

told us that they felt safe with the care staff supporting them and in their opinion the staff were competent and knew what they were doing.

The staff we spoke to as part of the inspection process told us that the communication systems in place were very good. They thought that they were kept up to date with people's changing needs. However, some of the people who used the service told us that they were not always told if care staff were going to arrive later than expected. We did not receive any complaints about this and people told us that it was "usually sorted out" when they contacted the office.

People who used the service 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 place at the service supported this practice.

Where people had support with eating and drinking as part of their care package, we saw that there was detailed information about their requirements, needs and preferences, including nutritional assessments.

We found that people who used this service received their support with personal care from a small team of care staff which helped to promote and ensure privacy and dignity was maintained. People had been involved in the development of their care and support plan. People told us that their right to maintain their independence was respected by care staff.

The sample of care plans that we reviewed during our inspection contained detailed information about people's individual needs and had been written in a person centred style. People had been asked about their views on the quality of the service and there was a complaints process in place, which some people had accessed. We did not receive any complaints about the service from the people we spoke to during our inspection.

The people who used this service who we spoke to were familiar with the registered manager and the staff in office. They knew who to speak to if they needed to and were confident that they would be listened to, with any concerns actioned. There were systems in place to check the quality of the service, including checks on staff practices.

Policies and procedures were in place to help ensure the service operated safely. Internal and external auditing processes were in use. These helped to identify what the service did well and where further improvements could be made. The provider was in the process of implementing new systems to help improve the quality and safety of the service.

We have made a recommendation about the storage of archived documentation.

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 service was safe.

There were safeguarding protocols in place at the service and staff had received training to help them understand their responsibilities with regards to keeping people safe.

Detailed and up to date risk assessments were in place to help ensure staff worked safely and people using the service received safe and appropriate support.

The provider had safe recruitment practices in place. This helped to ensure only appropriate people were employed at the service.

There were systems in place to help ensure people were supported with their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to help ensure they delivered care safely and effectively to people who used the service.

There were processes in place to help make sure communication channels between staff, office and people using the service were effective.

The service had trained their staff and had clear policies and procedures in place to help ensure people using the service retained choice and control over their care.

People were supported appropriately with eating and drinking where this had been assessed as part of their care plan.

Is the service caring?

Good ●

The service was caring.

People who used the service told us that the staff attending them always treated them with respect and dignity.

People who used the service usually received their care and support from the same, small team of care workers. This helped to make sure privacy and dignity were respected and promoted positive relationships between staff and people using the service.

People who used the service told us that staff respected their right to maintain their independence.

Is the service responsive?

The service was responsive.

People who used the service told us that they had been involved in the development of their care and support plans. Care plans had been developed in a person centred way and reflected people's personal preferences and expectations.

People knew who to raise complaints and concerns with. There was a system in place at the service to help manage and monitor any complaints that may have been raised.

Good ●

Is the service well-led?

The service was well led.

The culture, management and leadership at the service was open and transparent. Everyone that we spoke to knew how to contact the office staff. They were confident that they would be listened to and that their comments would be taken seriously and actioned.

Personal information had mostly been stored safely and securely but better storage was needed for some archived documents.

The provider was positive about the quality of the service and committed to ensuring quality and safety improvements continued. There were innovative plans in progress to help ensure the provider the provider was able to respond to the changing needs of people who used the service.

Good ●

Bluebird Care (Carlisle)

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 30 March 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was undertaken by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection visit we reviewed the information in the PIR and we checked other information that we held about the service, such as notifications. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke to three of the people who used this service, two of their relatives and four members of the staff team, including the registered manager. We also contacted four social workers and the community nursing team for their views on the service.

During our visit to the offices of the service, we reviewed the care records of four people who used the service, the recruitment, training and supervision records (in detail) of three members of staff. We also reviewed the training records of all the staff employed by the service.

We reviewed a sample of the policies and procedures in place at the service including safeguarding, the Mental Capacity Act 2005, lone working, complaints and compliments and medications.

We looked at the systems in place for the management and oversight of quality improvement and auditing

of the service.

Is the service safe?

Our findings

Everyone who we spoke to who used the service told us that they felt "safe" or "very safe" with the staff attending them. One person said; "It's reassuring to have them (staff) visit me. They treat me nicely and are very much obliging. I feel very safe with them." Another person said; "I usually know who is coming to visit me. They are very nice and don't treat me badly. I would tell my relative if they were unkind or horrible to me".

The staff we spoke to told us that the office staff went through everything with them when they were due to start visiting a 'new' service user. One member of staff told us; "There are risk assessments in with people's care plans at their home. I always check them through when I visit someone for the first time. The office staff also go through everything with us so we know what to expect." The staff we spoke to were aware of the on-call system and explained how they would access this and how it worked if needed.

The provider had policies and procedures in place to help manage any allegations of abuse, should they arise. We saw from training records that staff had received training to help them recognise and report any concerns they might have with regards to people's safety. The staff we spoke to were familiar with the process and knew what needed reporting and to whom.

The sample of care records we reviewed contained detailed and up to date risk assessments relating to people's care and support needs, particularly around mobility, handling equipment and potential infection control hazards. In addition the registered manager had also ensured environmental risk assessments had been carried out. These included information about the property staff were visiting, the external approach to the home and advisory precautions that staff should take to maintain their own safety.

There were contingency plans and emergency plans in place at the service. These included a business continuity plan to help ensure people still received a service should Bluebird Care (Carlisle) experience a crisis or emergency situation. In addition to this the service operated a robust on-call system during the hours of business, including evenings and weekends. People who used the service, who we spoke to, knew how to contact the service if necessary. Staff told us about the out of hours support and confirmed that the on-call system "worked well."

The service had 'lone working procedures' and although one member of staff said they were not sure about this, staff training and induction records showed that lone working had been included in the training programme. From the information we reviewed during our visit to the offices of this service, we found that the provider took personal safety seriously and that the systems in place followed those documented in the procedures.

We reviewed the documents in relation to reporting accidents and incidents. There were policies and procedures in place outlining the responsibility of the provider and those of people working at the service. Accident records showed that only one member of staff had experienced an untoward incident. The record showed that this had been investigated and appropriate action taken to help ensure the future safety of staff

and minimise the risks of this happening again. Incidents involving people using the service had usually been reported to CQC but there were some inconsistencies with this. We spoke to the registered manager about this during the inspection.

The registered manager had told us that they intended to employ an additional member of staff in a supervisory role. At the time of our inspection this 'new' member of staff had been appointed and was working at the service. Their role also included participation in the on-call service and to cover work in the event of staff sickness or absence. The registered manager also told us that there were vacancies for staff at the service and in times of extreme shortages, both the supervisor and deputy manager carried out visits to people who used the service. None of the people that we spoke to during our inspection raised concerns about staffing levels at the service. People who used the service said they always received their calls as expected and staff confirmed that they never had to rush to make sure people received the support they expected.

We reviewed the recruitment processes in place at the service. We could see that the registered manager was making attempts to recruit more staff. We reviewed the recruitment records of three recently appointed members of staff. We noted that the registered manager had carried out appropriate checks, including checks about people's previous employment and their criminal record status. This helped to make sure that people who used this service were protected from the risks of being supported by unsuitable staff.

We checked the ways in which the service supported people with their medicines when this had been identified as part of their care package. We saw that staff had received training to help them support people with their medicines safely. We saw evidence to confirm that staff had their practice monitored on a regular basis to help make sure they handled people's medicines safely and administered them as their doctor had intended. The registered manager had told us of four incidents of medication errors over the last 12 months. We checked what actions the provider had taken to minimise the risk of these happening again. We found that staff had received supervision, further training and had their practice monitored.

The sample of care plans we reviewed during our inspection clearly recorded where people needed help with their medicines, and the level of support required. Up to date records of people's current medications were listed, including the dosage and times for administration. Assistance with medication had been risk assessed for each individual person and provided detailed guidance to help staff support people safely.

Is the service effective?

Our findings

The people who used this service commented on the skills and competence of the staff supporting them. One person told us; "It sometimes takes the new ones (staff) a few visits to get used to me but generally they are very good and know what they are doing. They always ask me what I need and what I want doing. They never do anything without my agreement." One of the relatives we spoke to said; "They (staff) are very attentive and reliable. They appear very qualified and always ask if anything else needs doing."

The staff we spoke to all confirmed that they were provided with appropriate training to help them do their job. One member of staff said; "The manager always makes sure we do our training. It's very good. I had never done this type of work (care) before. I feel well supported." Another staff member commented; "The training and support is very good. I get supervision in the office about once a month and the supervisor also comes out to work alongside me. The supervisor is very good, a hands on person with caring qualities." A member of staff also commented; "The training is good and the communication system. There is always room for improvement though. I would like to do a practical first aid course, not just the awareness one on-line."

We reviewed the staff training records. We saw that all of the staff employed at the service had been provided with induction training. We saw that every member of staff had completed medication training and moving and handling training. Most staff had attended safeguarding training as well as undertaking a national vocational qualification (NVQ) or the care certificate.

We reviewed a sample of the staff supervision records. We found that staff frequently received supervision both via a meeting with the 'new' supervisor in the office and by direct observations of their practice whilst out working with people who used the service. We saw from these records that staff had their practice and competency assessed as part of the observed supervisions. This helped to make sure that staff worked safely and in line with the policies and procedures of the service. We spoke to the supervisor during our visit to the offices. The supervisor told us about their role of supporting staff on their first visits to people who used the service and of the monitoring systems that had been put in place to supervise and support staff with their work.

Staff told us that communication within the service was very good. They told us that they were always given up to date information with regards to any changes to the care required by the people they supported. One staff member told us that they were able to read all the risk assessments and care plans prior to starting work with people and that any queries could always be raised with the office staff and manager. Information was shared by a variety of methods including phone calls and text messaging. We observed the communication processes in action during our visit to the offices. We reviewed a sample of the daily contact sheets with regards people who used the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

In domiciliary care settings applications to deprive people of their liberty must be made to the Court of Protection. At the time of our inspection there was no one using this service that needed to be deprived of their liberty. However, the registered manager had trained and prepared their staff (with the exception of the very recently recruited staff) in the basic understanding of the MCA in general. There were clear policies and procedures in place to help ensure staff understood that people using the service retained choice and control over their care as far as possible.

The sample of care records that we reviewed showed that people received an assessment of their nutritional needs as part of their care package. The level of detail varied according to the level of support people required with eating and drinking. The records clearly showed the things that people could manage to do for themselves and the areas where people needed support to help maintain their nutritional and hydration intake. One person's records showed that they needed a high level of support, including the need for staff to keep food and fluid intake records. This person had complex needs with regards to eating and drinking. The service had contacted the speech and language therapist for advice and assistance to help make sure that staff supported and monitored this person safely with their nutritional needs.

Is the service caring?

Our findings

One of the people who used this service told us; "The staff are very good. They help me with showering and they always respect my dignity by keeping me covered up. I have asked the service if I can have mature carers as I like them best. The office try to make sure this happens."

Another person said; "I can relate to the staff very well. They are very friendly and I usually get the same one or two visiting me which has helped us to get to know each other on a personal level. They respect my routines and always make sure things are put back in the rightful place when we have used them, so I know where they are."

People told us that staff were mindful of their independence and did not do anything to "take over "

A relative told us; "They (staff) are very respectful about privacy and dignity."

One of the health and social care professionals we contacted commented; "The carers are caring and dedicated. Overall I am happy with the service that they provide."

The staff that we spoke to during this inspection all told us that they had received training with regards privacy, dignity and equality and diversity. We reviewed the training records and they confirmed this to be the case for most people. Staff were able to discuss the topic of confidentiality and about sharing information only when absolutely necessary. Staff also told us that they were allocated sufficient time to travel between each person's home so that they were not "rushing to deliver the care" when they arrived at people's homes. The registered manager told us that they did not "take on" new people unless they were confident they had sufficient numbers of care staff available to provide the care requested. This helped to make sure people were treated respectfully and received support that respected their independence and was not rushed.

People who used the service told us that they had been provided with information and explanations about the service. They knew who to contact if they had any concerns or if their care worker had not turned up as expected. People told us that they had copies of their own personal care plans and risk assessments in their home and that they were able to read them if they wished.

The service had policies and procedures in place with regards to privacy and dignity and the expectations on staff performance. There were also policies on the provision of gender related care. This helped ensure people could have their say on who provided their care to meet their individual needs and preferences, such as 'mature carers'

At the time of our inspection there was no one requiring end of life specialist care. The registered manager told us that it was unusual for the service to be asked to provide this type of care. However, there was a member of staff who had undertaken an intensive training course about the provision of end of life care. They were able to discuss with us some of the assignments and project work carried out and were familiar

with various good practice publications such as National Institute for Health Care and Excellence (NICE). We were told that if people required extra support because they were coming to the end of their life, support would also be given by the community nurses.

Is the service responsive?

Our findings

People who used the service, or their relative, told us that they had been involved in the development of their care and support plans. People were aware that copies of their plans were available to them in their own home. Everyone told us that the staff visiting them did everything expected and always checked if anything else needed to be done before they left their home.

People who used the service told us that they knew who to raise any complaints or concerns with. One person said; "I have rarely had to complain. I have done once because the girl (staff) didn't do what she was supposed to do properly. It was soon sorted out once I raised it." Another person said; "I have had no complaints. I would ring the office if I had. I am sure they would sort it out, I have had no problems with the staff in the office."

One of the health and social care professionals we contacted said; "I have always found Bluebird to be a responsive and thoughtful care provider. They respond quickly and honestly to requests for care, reviews and assessments."

We reviewed the care records of four people who used this service and spoke to three of them following our review of their records. They confirmed that they had been involved in the development of their care plans. They told us about their expectations and care needs. We found that these were accurately reflected in the records that we looked at.

The care plans provided detailed information about what was important to people who used the service. They reflected people individual needs and expectations and were written in a person centred way. Care needs assessments clearly recorded the areas where people need help and what they could manage to do for themselves. We saw that where people's needs had changed, care records had been reviewed and updated. Daily contact records showed where staff had raised concerns about people's health and wellbeing and a relative or their doctor had been contacted as the person wished.

The standard and level of detail recorded in people's care plans indicated that the staff responsible for producing the care plans had a sound knowledge of the principles of person centred care.

Although the service provided support to help people access community and social interests, none of the people that we reviewed had required this type of service.

We reviewed the complaints and compliments records maintained in the offices of Bluebird Care. Any complaints had been documented and included the preferred outcome of the person making the complaint, details of actions taken by the provider and the outcome of any actions/investigations. Some of the outcomes included the direct monitoring and evaluation of staff performance and practice. Although some information of the observations was recorded, this part of the record would benefit from more details to help demonstrate any improvements made as a result or learning point.

In addition to the complaints, there were many more compliments made about the service. People who used the service or their relatives had taken the time to write in and thank Bluebird Care for the service they provided. One person had written; "Thank you for all your help and kindness you showed to my mum." and another person wrote; "Your help and consideration was first class."

Is the service well-led?

Our findings

The people we spoke to during our inspection of the service were all familiar with the staff in the office, including the registered manager. Everyone spoken to had the contact details for the service both during the normal working hours and for the evenings and weekends (out of hours). Everyone was confident that they would be able to speak to someone when necessary and that what they had to say would be listened to and acted upon appropriately.

One relative told us that they had "no problems with the office" but added that they were not always told when their care worker was going to be late. However, they did confirm that this was always "sorted out".

There were policies and procedures in place that had been made available to staff and were included in induction training and further training. Checks had been made on staff practice to help ensure staff worked safely and in line with the policies of the company.

Personal information and records had been generally stored securely. However, we did see some archived documents that could have been stored more securely.

We recommend that the service reviews their practice with regards to the storing of archived records and documentation so as to reduce any risk of contravening the Data Protection Act 1998.

The staff we spoke to told us that communication was good and that the office staff always went through the care plans and risk assessments of people new to the service prior to any visits. They also told us that they were updated by phone calls, texts or newsletters of any changes to people's visits or support needs. Staff knew about the on-call system in place for emergencies. They were confident that they would receive a positive response if they needed to use it. One member of staff commented; "The registered manager and the deputy are very good. They listen to me and are very approachable. I find them flexible and very understanding of my situation." We observed this open culture of management and communication during our visit to the offices of this service.

We saw evidence to support that the service carried out regular checks on the quality of service delivered. However, not all of the people who used the service could recall whether anyone had been out to check about their satisfaction. We did not receive any complaints about this, or complaints about the service from the people we spoke to. The last customer satisfaction survey had been carried out a year ago. The registered manager told us that surveys for the current year, were in the process of being sent out. However, we also noted that people using the service had been asked about their views on the service during reviews of their care packages and when the supervisor went to carry out observations of staff practice.

Although the provider had carried out checks on the operation of the service, there were some gaps in oversight. This was particularly in relation to notifying CQC of significant events. Incidents involving people using the service had usually been reported to CQC but there were some inconsistencies with this. We spoke to the registered manager about this during the inspection. The registered manager reviewed their protocols

about notifications whilst we were at their offices, to help make sure this did not happen again. This matter is being dealt with outside of the inspection process.

The provider told us that the service had been visited by the quality assessor from the Bluebird Care franchise and they provided us with a copy of the report. The auditing tools used by the franchise followed a similar system to that of CQC and gave ratings across the service in respect of it being safe, effective, caring, responsive and well led. This audit had identified that the service was mostly meeting the expectations of the franchise and that improvements had been made over the previous six months. The report showed that the service was operating to a 'good' standard with six areas 'requiring improvement'. These areas identified the need for improvements in staffing levels and the development of a clear strategy to improve service user involvement. The audit clearly identified the strengths, weaknesses and areas for further improvement within the service. The registered manager received this report during our visit to the office and had not had chance to scrutinise the results but did confirm that an improvement plan would be produced to help improve any shortfalls.

The provider demonstrated commitment to developing and improving the service. They showed us and discussed the innovative systems that were in the process of being introduced at the service. This included the use of an independent service to help gather the views of people who used Bluebird Care, Carlisle. The provider also demonstrated a new IT system that was due to be implemented at the service. The provider explained that this system had the facility to ensure that staff recorded their visits, updated care notes and medication administration records as they happened. This system had been designed to 'real time' electronically update records that were also kept at the office.