Encasa Limited

Bluebird Care (Hull and Beverley)

Inspection report

Crown Building, 1 Great Field Lane
Marfleet
Hull
North Humberside
HU9 5WA

Tel: 01482332267
Website: www.bluebirdcare.co.uk/hull

Date of inspection visit:
07 December 2018
10 December 2018

Date of publication:
12 February 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults who may be living with a dementia and younger disabled adults or adults with mental health problems.

Not everyone using Bluebird Care (Hull & Beverley) receives regulated activity; the Care Quality Commission 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.

This inspection of Bluebird Care (Hull & Beverley) took place on 7 and 10 December 2018 and was announced. At the last inspection in May 2017 the service was rated 'Good'. We inspected today because the service moved its location premises just after our last visit and therefore Bluebird Care (Hull & Beverley) is considered a 'new' service.

The provider is required to have a registered manager in post and this was being fulfilled. A registered manager is a person who has registered with the CQC to manage the service. Like 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 were protected from the risk of harm because systems detected, monitored and reported potential or actual safeguarding concerns and staff were appropriately trained in safeguarding adults from abuse. Risks were managed and reduced to avoid people being harmed or injured. People's homes were risk assessed for safety. Staffing numbers were sufficient to meet people's needs and safe recruitment practices were followed. The management of medication was safely carried out.

Staff were qualified and competent, received supervision and had their performance appraised. Communication was an area the provider worked at to be effective. People's rights were protected in line with the Mental Capacity Act 2005. People were supported to make decisions for themselves and with nutrition, hydration, health and wellbeing. They were asked for their consent before staff undertook care and support tasks. 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 received compassionate care from caring staff who knew about people's needs and preferences. They received the information they needed at the right time and were involved in all aspects of their care. Their wellbeing, privacy, dignity and independence were monitored and respected.

People were supported in line with person-centred support plans, which reflected their needs well. They were regularly reviewed. People engaged in pastimes and activities of their choosing and were sometimes supported in these. People's family connections and support networks were respected. An effective

complaint procedure was used and complaints were investigated without bias. End of life support was provided as necessary.

The service was well-led and people had the benefit of this because the culture and the management style of the service were positive and forward-looking. There were systems in place for checking the quality of the service using audits, satisfaction surveys, meetings and effective communication. Recording systems protected people's privacy and confidentiality as records were well maintained and held securely in the premises.

Further information is in the detailed findings below.

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.

This was because the provider had systems in place to manage safeguarding and risk areas and staff were trained to monitor and respond to these to protect people from harm.

Staffing numbers were sufficient to meet people's needs and recruitment practices were robust. People's medication was safely managed and staff adhered to safe infection control and prevention measures.

Is the service effective?

Good

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People were supported with nutrition, hydration, health and wellbeing.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. They were provided with the information they needed and were involved in their care.

People's wellbeing, privacy, dignity and independence were monitored and respected.

Is the service responsive?

Good

The service was responsive.

People were supported in line with person-centred care plans, which were regularly reviewed. They were supported when

needed with pastimes and activities.

People's complaints were investigated without bias. They were encouraged to maintain relationships and networks in the community.

End of life needs were sensitively supported.

Is the service well-led?

Good

The service was well-led.

The culture and the management style of the service were positive and inclusive. The provider checked the quality of the service and sought views of people to ensure the service delivery was effective.

Recording systems protected people's privacy and confidentiality, as records were well maintained and held securely in the office premises.

Bluebird Care (Hull and Beverley)

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 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 of Bluebird Care (Hull & Beverley) took place on 7 and 10 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be at the agency office.

One inspector carried out the inspection and information was gathered before the inspection from notifications sent to the CQC and from the 'Provider Information Return' (PIR). Notifications are when registered providers send us information about certain changes, events or incidents that occur and the PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from local authorities that contracted services with Bluebird Care (Hull & Beverley) and reviewed information from people who had contacted us to make their views known about the service.

We spoke with four people that used the service, one relative and the registered manager. We spoke with three staff. We looked at care files belonging to four people that used the service and at recruitment files and training records for four staff. We viewed records and documentation relating to the running of the service, including those for quality assurance and monitoring, medication management, health and safety, complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with said, "I find staff safe to be out with as they know my mobility support needs", "I have always felt safe with staff in my home" and "Staff ensure I safely take my medicines, as I self-medicate, but staff still remind me to take them." A relative said, "Staff use equipment safely and I find them trustworthy."

Systems in place ensured safeguarding incidents were managed and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. This was backed up by staff training records and records held in respect of handling incidents and making referrals to the local authority. Formal notifications were sent to us regarding these.

Risk assessments reduced people's risk of harm from, for example, falls, poor positioning, moving around their homes, inadequate nutritional intake and undertaking activities.

The provider monitored accidents and incidents according to policy so they could be reduced. Records showed these were recorded thoroughly and action taken to treat injured persons and prevent accidents re-occurring.

There were sufficient numbers of staff employed and deployed to meet people's needs. Recruitment procedures ensured staff were suitable for the job. Evidence was seen of job applications, references and Disclosure and Barring Service (DBS) checks. A DBS check is a legal requirement for anyone applying for a job working with children or vulnerable adults. It checks if they have a criminal record that would bar them from doing so and helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

Medicines were safely managed. A selection of stored medication administration record (MAR) charts were looked at and seen to be accurately completed. People were supported to obtain medicines when needed. Medicines were stored safely, administered on time and recorded correctly. Two medicine errors had been recorded and reported to the safeguarding team, but we saw evidence these had been investigated, resolved and lessons learnt from them.

The registered manager told us about other lessons learnt. For example, following one incident staff learnt to treat skin problems quickly and effectively and obtain health professional input in a timely way. Findings on all areas that required improvements to be made were taken back to the staff group via team meetings, telephone emails and memos. Staff confirmed these methods of communication.

Systems ensured that prevention and control of infection was appropriately managed. Staff completed infection control training, followed guidelines for good practice and had personal protective equipment that they needed to carry out their roles.

Good

Is the service effective?

Our findings

People we spoke with said, "Staff are reliable and well trained", "I always get the staff I am expecting and if anyone is going to be late the office let me know" and "I find the staff are so much more helpful than at previous agencies. They are professional but lovely." A relative said, "Staff know what they are doing, though some are faster than others at picking things up."

People were visited and their needs and choices were assessed before they received a service of care. Staff used information gathered from local authority assessments as well as that gathered by themselves directly from people and relatives to produce people's packages of care. For people with a learning disability or autistic spectrum disorder an assessment of their needs was carried out that considered their right to as normal a life as possible living in the community. Staff worked cooperatively with others involved in people's support and appropriately shared information with them.

Systems in place ensured staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated. Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme. Certificates held in staff files and discussions with staff confirmed that induction and training was completed and supervision and appraisals held.

When asked about communication within the service people and relatives said, "They (staff) communicate well and help find the information I need" and "I always get calls about my relative when important information needs passing on."

People's nutritional and hydration needs were met. They were consulted about dietary likes, allergies and medical conditions. A Speech and Language Therapist (SALT) or dietician assessment was acquired and followed when necessary. Staff supported people to cook where needed. Nutritional risk assessments were in place and followed for anyone with difficulty swallowing or who needed support to eat and drink.

People's health care needs were met in line with medical conditions and staff liaised with healthcare professionals. Information was collated and reviewed with changes in people's conditions. People told us they saw a doctor on request and the services of the district nurse, chiropodist, dentist and optician were accessed whenever necessary. Support plans contained guidance on how to manage people's health care and recorded the outcome of consultations, where known.

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 interest 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 interest

and legally authorised under the MCA. The application procedures for people living in their own homes are called Court of Protection orders. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider was meeting these requirements.

People consented to care and support from staff in various ways and staff told us they only supported people when this was given. Some written and signed documents showed how some consent was given.

Good

Is the service caring?

Our findings

People we spoke with said, "The service is absolutely fantastic", "The people up at Bluebird are thoughtful. When one of my parents died I received support and a condolence card from them", "My privacy is always respected", "I once had need for an urgent visit and the staff were very reliable", "I've had facilities in my home upgraded and staff have been brilliant at respecting my privacy", "Bluebird have some really lovely staff" and "Staff are flexible with my calls and work around me to help me to such as appointments when needed." A relative said, "My spouse has a good laugh with the staff and finds them friendly. This relieves their boredom from being in the house alone all day."

Staff explained the way they approached people and demonstrated they were respectful when supporting people and with handling their personal details. They said, "I never talk about other clients or staff", "I make sure people are always covered when receiving personal care and that doors and curtains are closed" and "I give people the time they need to do things for themselves. I respect their rights."

Staff demonstrated they knew people's needs well and that their approach was kind when they offered support. The registered manager talked about getting it right at the recruitment stage so that staff with a caring attitude and empathy were selected. Staff gave examples where they had supported people emotionally as well as practically to demonstrate their dedication to providing a caring service.

Support plans recorded people's individual routines and preferences for foods, personal care, times of visits, housekeeping tasks and medicines. Staff knew these details and responded to them accordingly. Diary notes showed where staff had supported people in a caring way and had ensured their dignity, privacy and independence were respected.

The provider was aware of the Accessible Information Standard and demonstrated they met people's specific communication needs by using a variety of methods: large print, audio tapes, picture exchange systems, coloured paper and different language translated material. Where people needed to access an advocate to support them the provider ensured people were referred to advocacy services, which provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them.

Good

Is the service responsive?

Our findings

People we spoke with said, "I have a staff member who is very good. She knows all my likes and preferences", "Staff help me with cooking and cleaning and are very good" and "I find the staff stay as long as they need to do the job." People told us they knew how to complain. They said, "I would ring the office", "I've only had one issue and it was dealt with" and "I've not had to complain at all." A relative said, "Bluebird staff do provide a good service. One staff couple that visit are fantastic. I have no complaints at all."

Support plans were person-centred and contained information that reflected the needs of everyone for instructing staff on how best to meet people's needs, whether they be older and living with dementia or younger adults with a learning disability or autistic spectrum disorder. They contained personal risk assessment forms to show how risk to people was reduced, for example, with pressure relief, falls, moving and handling, nutrition, bathing, taking part in community life, engaging in activities and exercising rights. We saw that care plans and risk assessments were regularly reviewed as people's needs changed.

Staff told us they encouraged people to make choices and decisions for themselves so they stayed in control of their lives. People's needs and choices were respected. Where people had knowledge of a particular condition or illness this was tapped in to. For example, one person had given a talk to staff on hospital acquired infections and the importance of use of personal protective equipment.

The provider had a complaint policy and procedure in place for addressing complaints. Records showed that complaints and concerns were handled within timescales. We discussed some complaints with the registered manager and understood that issues were always investigated, worked through and resolved to people's satisfaction. Staff were aware of the complaint procedure and had a positive approach with complaints as they understood that these helped them to improve the care they provided. We saw that the service had handled several complaints in the last year and complainants had been given written details of explanations and solutions following investigation.

Staff sometimes supported people with end of life care, when necessary. Staff spoke about and gave examples when they had previously supported people at this time and demonstrated they used sensitivity and practical help to ensure people's experiences were positive.

Good

Is the service well-led?

Our findings

People we spoke with said, "Bluebird is a forward-looking service. I am grateful for all my rotas and invoices being on-line", "I am asked once a year how things are going", "Now and again the office checks up with me that things are how they should be" and "Staff are well organised so that they meet my needs." Staff we spoke with said the culture of the service was open, flexible, inclusive and friendly. A relative said, "I haven't completed a survey but I have been contacted several times to be asked if everything was okay. The office staff have also asked about changing my spouse's visit times and where it has been convenient I've agreed."

The provider had a clear vision of the service's strategy to deliver quality care and promote a positive culture that was person-centred and inclusive, so that outcomes for people were good. While there were occasions when this was tested: people had felt comfortable in expressing some concerns over the last year and they had been contacted by the registered manager to discussed these, the provider had ensured that the service's strategy had been effective. Changes were made whenever the quality of the service was tested and this was disseminated to all staff to ensure improvements followed.

A clear staffing structure was maintained among the office and support staff. The management style of the registered manager and care coordinators was open, inclusive and approachable. Staff told us they expressed concerns or ideas freely and felt these were fairly considered. They gave examples of when the management and office staff had been accommodating with their own needs as well as those of the people that used the service.

Systems relating to the service's monitoring and quality assurance of the delivery of care and support included quality audits completed on a regular basis and satisfaction surveys being issued to people, their relatives, staff and health care professionals.

Audits were driven by use of a purchased programme of checks from an independent company. These included management and service delivery checks compatible with the Care Quality Commission's 'key lines of enquiry'. We saw that audits were carried out on care files and support plans, daily visit documents, medication records, staff files and the office environment and safety. Surveys were carried out by an external quality assurance company and had been last issued in November 2018, so results had yet to be collated and analysed. The previous year's survey had shown a high level of satisfaction and this was published on the company's website.

The registered manager maintained records about people, staff and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held.

The registered manager looked for ways of continually improving the service through innovation and sustainability and had piloted a health care project whereby staff were trained to take people's blood pressure, blood sugar levels, temperature and pulse when they had just left hospital. The information was passed to the person's doctor or hospital consultant to enable a community monitoring presence and this

got people out of hospital more quickly and helped prevent them from returning.

We evidenced that partnership working with other organisations like the local authority, charities and similar businesses was carried out through effective communication, sharing of resources and working practices. For example, the supervisors in the service worked closely with the local authority on accepting packages of care. Staff spent any unused working hours at Dove House hospice where they learned to care for people on end of life programmes (staff also fund raised for Dove House). A shop front on a local busy main road was hired for operating coffee mornings with the public which served to promote the service's function and also acted as a staff awareness event for future recruitment.