

Lifestyle Support Limited

Bluebird Care (Mid Staffs)

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

About the service:

Bluebird Care (Mid Staffs) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with a learning disability, older people, people with physical disabilities, people who have dementia, people that have sensory impairment and younger adults. At the time of the inspection there were 61 people receiving personal care and support from the service.

People's experience of using this service:

Care and support was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. People were supported safely with their personal care by staff that knew them well. People were supported to be independent and their choices and preferences were respected and known to staff. Staff were caring, kind and respectful. People's privacy and dignity was promoted.

People had support plans and risk assessments in place to meet their individual needs. Staff supported people with their individual preferences and people's needs were met.

Lessons were learnt when things went wrong and systems were improved if needed. The managers were responsive and approachable to people that used the service and to the staff. The registered manager had a clear understanding of their responsibilities of their registration with us.

Rating at last inspection:

At the last inspection the service was rated as; Good (report published 06 July 2016)

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Mid Staffs)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector. There was also an Expert by Experience who made phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

This service is a domiciliary care agency. It provides care to people living in their own houses or flats. It provides a service to people with a learning disability, older people, people with physical disabilities, people who have dementia, people that have sensory impairment and younger adults. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

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

Notice of inspection:

The inspection was announced and we gave the agency 48 hours' notice. This was because the service is a domiciliary care agency and we needed to be sure someone would be in the office when we visited.

The inspection site visit took place on 12 March 2019 by one inspector and the Expert by Experience made phone calls to people who used the service and their relatives on 13 and 14 March 2019.

What we did:

We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered manager should tell us about, for

example; safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is key information we require from providers on an annual basis giving us key information about the service.

We spoke to five people who use the service, four relatives, two care workers, the care manager and the registered manager. We viewed three care plans for people, and medicines records. We looked at documents relating to the management and administration of the service such as audits, accidents and incidents and compliments and complaints.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People were protected from potential abuse. When concerns had been identified they were reported to the local safeguarding authority, as required.
- People told us they felt safe; one person said, "Yes, I feel safe with all of them. I was moved to this service from another company." Another person said, "I do feel safe with everyone. I get the same day carer and just somebody else when on a break and night care is from three staff."
- Staff understood their safeguarding responsibilities. They could identify different types of abuse and knew how to report their concerns. One relative told us of how their relative was being taken advantage of by a member of the public and how staff had reported this ensuring they were safe.

Assessing risk, safety monitoring and management:

- Staff knew people's risks and supported people in a way that ensured their safety was maintained.
- People told us they felt safe whilst being supported. One person said, "These [staff] know my requirements. I'm five calls a day. They do my personal care, a body wash, see to a wound that won't heal, which a nurse comes to check. The carers get me into position with slide sheets and I feel confident. The carers always look at the wound in case a different nurse comes and they tell them anything, as I can't see it, they say if it's the same." One relative told us, "Safety is not a problem." Another relative said, "We're frankly very impressed without exception about all the carers. They are professional, thorough and they do it with friendliness."
- Risk assessments and management plans were in place. When risks had been identified, they were reviewed, updated and were highlighted to the level of risk through a traffic light system. The staff had access to information packs to support people who were at risk of choking.

Staffing and recruitment:

- People could be assured that there were sufficient staff to provide their care. People told us staff were kind, caring and trusted. One relative said, "They have been fantastic to us while [relative] has been home. I would definitely recommend them to anybody. They all go above and beyond."
- Staff told us they had time to travel between calls. One staff member said, "Travel time is fine, if we feel there is a problem we just come into the office and tell them and they put more travel time on if needed. We are supported with travel times. We are asked this in supervision and are asked if we get enough breaks." People told us that staff would inform them if they were running late.
- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely:

- Staff had received training in the safe administration of medicines. Spot checks were carried out to ensure medicines were being administered safely. One person told us, "Managers come and go and do spot checks."
- A record of each person's medicines and when they were administered was maintained and regularly audited by senior staff.
- The service did not have body maps in place which would give guidance to staff should they need to administer creams or place pain relief patches on people, meaning that new staff members may not know where to apply them to ensure people's skin integrity remained intact. Following our feedback, the registered manager and care manager stated they would be putting these into place.

Preventing and controlling infection:

- Systems were in place which ensured the risk of infection was prevented and these were understood and followed by staff. One staff member said, "The first thing I do when I walk into the customers house is wash my hands and dry them on paper towels. I then put gloves on. I change them after each task I do. For example, when I have given medication, I change my gloves, when I have carried out personal care, I change my gloves. We also wash our hands before we leave, and we wear aprons."
- People told us staff wore personal protective equipment (PPE) such as gloves and aprons. One person said, "They wear gloves and aprons all the while, for creams and personal care. I have delicate skin and they know how to treat me."

Learning lessons when things go wrong:

- Lessons had been learnt when things had gone wrong. The registered manager said, "If staff had missed signing the Medicines Administration Record (MAR) on three occasions they are brought into the office and will go through a micro training session. The type of error would depend on the training they needed to through."

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA and saw that people had decision-specific capacity assessments in place.
- We saw that people were consenting to their own care. People told us that staff asked them for consent before carrying out personal care. One person said, "Consent, they do ask, they will say things like; 'do you want me to' or 'is it okay if I'." One staff member said, "If someone is having a full wash I will say are we going to have a wash then? I will ask about what they would like to wear. I will always ask what they want for breakfast."

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

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- Care plans were in place and were detailed in regard to people's preferences.
- People who were unable to verbally communicate had pictorial aids in place. This helped people to express their needs and preferences. For example, there were pictorial aids to support a person who used the gym, showing them exercise and there were pictorial aids to reduce the risk for those who were at high risk of choking. There were also pictorial packs to support people who were at risk of choking.

Staff support: induction, training, skills and experience:

- Staff received an induction and training which supported them to deliver effective care to people. Staff told us that they felt the training was useful and supported them to do their job.
- Staff had their practice observed to ensure they were delivering effective care and support. People told us that managers visited their homes to monitor staff performance.

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

- People who needed support with food preparation told us they received the support they needed. One person said, "Staff do my breakfast and make sure I have my second cup of tea the way I like. I like builder's tea, strong with two sugars and plenty of butter on my toast."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

- People were supported to access other agencies and collaborative working took place between the provider and other professionals.
- Staff followed advice and guidance from other professionals which we saw noted in people's care plans. For example, we saw that the provider worked alongside Speech and Language Therapists (SALT) GP's and Social Workers.

Is the service caring?

Our findings

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

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

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

- People felt they were treated well. One person said, "Oh yes, they are caring. I like my music so they will put it on and we all have a little sing and it is relaxing." Other comments included, "They are kind and caring" and, "Absolutely, we are lucky, I could not fault them."
- People and relatives told us they had regular staff supporting them. One relative said, "They have the same staff, the same seven or eight who come in turns. We get a rota and we know who to expect and [relative] looks forward to seeing them."
- People had their protected characteristics, such as religion considered. However, we saw that people's sexuality was not routinely discussed or recorded. This meant that some people may not have the opportunity to disclose this if they chose to.
- The care manager told us that during the Christmas period the service sent text messages to people and staff to ensure they had enough medication during this time. The care manager also told us how they made Christmas dinners for some people and delivered them to their homes.

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

- People were involved in planning and directing their care. One person said, "The care plan is led by me." We saw that people were involved in developing their care plans and had signed to say they had agreed to their care plans. One relative said, "[Relative] knows what they want and has okayed the care plan and we have a copy of it."

Respecting and promoting people's privacy, dignity and independence:

- People were consistently treated with dignity and respect. One person said, "For privacy I've got a separate bedroom and the door is always shut and they [staff] say is that okay." A relative told us, "Privacy isn't a problem as we've staff we are happy to have, they are outstanding."
- Staff we spoke to were able to give us examples of how to maintain people's privacy and dignity. For example, ensuring curtains were closed and keeping people covered as much as possible.

Is the service responsive?

Our findings

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

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

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

- People had detailed assessments and care plans that supported people's specific needs and detailed their personal preferences.
- People's care was personalised, and their interests were taken into account. Some examples we saw included; people being supported to obtain a bus pass, which enabled them to access the community; a person was supported to learn to ride a bike; a person who specified they wished to drink alcohol was supported in conjunction with the GP to ensure they could do so alongside the medication they were taking; another person who was bed bound wanted to sit outside, staff accommodated this and supported the person in to a wheelchair which enabled them to enjoy time outside.
- Staff supported people to access the community. One relative said, "They try to get [relative] to go the community centre and we are pleased about that as we are increasing their care package as [relative] is getting frailer and needs more help."

Improving care quality in response to complaints or concerns:

- People told us they felt able to complain and knew how to and people said that the managers were approachable.
- We saw that one complaint had been received at the time of the inspection. The care manager explained the nature of the complaint and how it was dealt with which demonstrated they followed their policies and procedures.

End of life care and support:

- At the time of the inspection there was no one imminently nearing the end of life.
- We saw that conversations did not take place with people to support their last wishes. The registered manager did inform us that they had supported a person during the end of their life but there was no package in place to routinely support this. The managers stated this is an area they will work on.

Is the service well-led?

Our findings

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

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

At the last inspection we found improvements were needed to improve communication methods with people, which meant the provider did not always use people's feedback to make improvements in the service. At this inspection we found improvements had been made and the provider was proactive in gaining people's feedback in the form of surveys.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had an action plan in place to make continuous improvements and to ensure high-quality care and support. We saw that actions were updated and the registered manager told us they had made improvements to people's care plans, the Medication Administration Records (MAR) and to people's hospital passports which support people when in hospital.
- The care manager stated that they 'loved' their job and was 'always open' to new suggestions.
- The registered manager told us they felt very supported by the provider.

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

- Notifications were submitted where required. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- The last inspection rating also being clearly displayed in the office and on the provider's website.
- Information such as complaints and compliments, accidents and incidents were checked, monitored and reviewed.

Engaging and involving people using the service, the public and staff:

- People and relatives felt positive about the management. One person said, "They are lovely people, very approachable."
- The service was encouraging and engaging people through surveys. People told us they received surveys to complete and we saw a number of compliments had been received, one said, "Thank you so much for looking after my mum. All you have done is really appreciated, it is a shame you are no longer going to provide future services to mum." The provider ensured that feedback received was uploaded to their website.
- The provider celebrated staff achievements and held events, such as, carer of the month and carer of the year.
- The care manager told us that due to the nature of the service it was difficult to hold a full staff meeting, so in order to communicate with the full staff team all at once they had created a private social media platform.

The care manager said, "This is where I do a lot of communication, and I can see how many people have seen it."

Continuous learning and improving care:

- Staff were supported to continuously learn and improve the care to people. Staff had competency checks to ensure they were supporting people effectively.

Working in partnership with others:

- The provider worked in partnership with other professionals to ensure people consistent care and that their health and wellbeing needs were being met.