D.J.Howard Limited

# Bluebird Care (Milton Keynes)

## Inspection report

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Date of inspection visit:
24 April 2019
25 April 2019
26 April 2019

Date of publication:
05 June 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service: Bluebird Care (Milton Keynes) is a domiciliary care agency providing personal care to people living in their own homes in Milton Keynes and the surrounding area. At the time of the inspection 90 people were receiving personal care.

People's experience of using this service:
People told us they would recommend the service to others. One person said, "There's no improvements they could make, they've got to know what I like and when, they've got to know me." Another person said, "Bluebird are as good as it [home care] can be, I'm more than satisfied with them."

People continued to be cared for safely and with compassion.

Staff were friendly, caring and passionate about their work; they treated people with respect and maintained their dignity.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We have made a recommendation about mental capacity assessments.

People were protected from the risk of harm and received their prescribed medicines safely.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Staff had access to the support, supervision and training they required to work effectively in their roles.

Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

There were effective systems in place to monitor the quality of the service and drive improvements.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore,

our overall rating for the service after this inspection was "good".

More information is in the full report.

Rating at last inspection:  Good (report published 21 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up:  We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-led findings below. | Good |

# Bluebird Care (Milton Keynes)

**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.

Service and service type:
Bluebird Care (Milton Keynes) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults. Some of the people receiving the service had complex health conditions.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because we needed to ensure there was someone available to facilitate the inspection.

Inspection site visit activity started on 24 April 2019 and ended on 26 April 2019. We visited the office location on 24 and 26 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, their families and staff on 25 April 2019.

What we did:
We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection, we spoke with five people who used the service and five people's relatives. We also spoke with nine members of staff, including care staff, care supervisors, care co-ordinators, the registered manager and the provider.

We looked at various records, including care records for nine people. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Good

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:
● People continued to be cared for safely. People told us they were happy with the staff that came to support them. One person said, "The staff are very understanding and always ready to assist, I feel safe with the carers here."
● The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
● Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how
to report any concerns if they needed to.

Assessing risk, safety monitoring and management:
● People's risks had been assessed and risk management plans provided staff with the information they needed to manage the identified risk. For example, one person told us they had experienced falls in the past and now wore a pendant alarm. This enabled them to quickly get the help they needed in an emergency. They told us staff helped them to remember to wear their alarm and we saw that this information was in the person's care plan.
● The provider was using an electronic system to record and monitor people's risks. However, this did not allow some records such as pressure ulcer risk assessments to fully record all areas of risk. Staff were aware of people's risks in relation to pressure ulcers and appropriate action was taken to mitigate these risks. This concern was discussed with the registered manager who took immediate action to ensure pressure ulcer risk assessments fully reflected people's known risks.
● Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment:
● People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
● Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the agency.
● People told us the service was reliable and they knew the staff who supported them. One person said, "They [staff] are mostly on time but let me know if they will be late." Another person told us, "I have a team of three regular staff and they really are very good."

Using medicines safely:
● Where the service was responsible, medicine systems were organised, and people were receiving their

medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines. One person said, "I have an inhaler and the carers help me with this as per what the doctor or asthma nurse says."

● Staff had received training in safe handling of medicines and their competencies were tested regularly.

● The provider used an electronic system to record medicines administration. Any discrepancies were identified by the system and senior staff alerted that action may be needed. Regular audits were also carried out to ensure correct procedures were followed by staff and to promptly identify any action required.

Preventing and controlling infection:

● People were protected by the prevention and control of infection.

● Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

● Staff training in infection control was regularly refreshed and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong:

● Accidents and Incidents were monitored and action taken to address any identified concerns.

● The registered manager was passionate about learning from past experiences. They reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.

● Regular risk meetings were held with senior staff to evaluate learning from any incidents such as accidents and injuries, missed calls, medicines errors and safeguarding referrals. Action plans were put in place to ensure similar incidents did not happen again.

Good

# Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were fully assessed before any care was agreed and delivered. This ensured there was sufficiently trained staff to provide the care and support required. One person told us, "I had an assessment, they [staff] spent a lot of time and took down all my details."
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; the registered manager regularly provided staff with updated national guidance on the complex health conditions people using the service were living with.

Staff support: induction, training, skills and experience:
- People continued to receive effective care from staff that had the knowledge and skills to carry out their roles and responsibilities.
- People told us that staff were well trained. One person said, "Yes, they are well trained, and the new ones shadow the experienced staff."
- Staff were happy with the training and support they received. One member of staff said, "This is my first week, I've already done two days training and I'm doing training in practical moving and handling and stoma care next week. I've also done lots of shadowing."
- New staff undertook a thorough induction and staff new to care were enrolled to complete the Care Certificate. Ongoing staff training was based on current legislation and best practice, which ensured staff provided safe care and treatment to people. Mandatory training included safeguarding training, health and safety and manual handling training.
- The registered manager was passionate about providing staff with the training they required to meet people's needs. They had worked creatively with staff to provide training in a way that was accessible to them. For example, using aids such as adapted glasses to simulate a visual impairment to embed key learning and enable staff to better understand people's needs and experiences.
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice.

Supporting people to eat and drink enough to maintain a balanced diet:
- People told us they were supported by staff to ensure they had a suitable diet. One person told us, "They make me a good breakfast according to my liking and for lunch I have quite a variety of things."
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether any healthcare professionals were involved in their care. For example, one person required their drink to be thickened to a particular consistency, we saw that this was recorded in their care plan.
- The service had recently appointed a member of the senior team as nutritional lead. They had received additional training and created nutritional risk assessments and a nutritional audit to support staff to

manage people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:
● The service supported some people with complex healthcare conditions such as Motor Neurone Disease, Multiple Sclerosis and Parkinson's disease. The registered manager and staff worked closely with specialist health care professionals to ensure people's care was provided in the most appropriate way and any changes to needs were met.
● People told us that staff supported them to access other health and social care professionals such as the GP, community nurses and social workers. One person's relative told us, "Any redness on [family member's] skin they [staff] liaise with the district nurses."
● Information in care records confirmed the service worked with other professionals when required to ensure people had access to the right support and help.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
● We asked the registered manager whether the service provided care to any people who lacked mental capacity. They told us that some people were unable to consent to the service provided. Mental capacity assessments had been completed, however the electronic care planning system used by the provider did not allow for the completion of more than one assessment for each person. This meant that the decisions being assessed were not clearly recorded. We recommend that the provider reviews the system used for recording assessments of people's mental capacity.
● People's consent was sought prior to any care being delivered and we saw people had signed their care plans to agree to the care provided. However, in some cases people had asked their relatives to sign their care plan to demonstrate their consent as they were physically unable to sign. The registered manager recognised the need to ensure that this was clarified on the record.
● People told us that staff sought their consent before providing their support. One person said, "Yes, they always ask my permission before doing anything."

Good

# Is the service caring?

## Our findings

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

Good: 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 continued to be well cared for. The feedback we received from people was positive about the care they received. One person said, "The carers are so good, so caring. They cheer me up when I'm down and we have a laugh" Another person's relative said, "They totally care, do what we expect and go above and beyond. The staff are brilliant, real carers with a capital C."
● People were supported by a regular team of staff which ensured consistent care. One person said, "I've known the staff that come to me since 2012. I insist on having the same girls and [provider] manages to do it."
● People's whose first language was not English received support from staff who shared the same language.

● We saw that consideration was given to whether staff were best suited to support people taking into account people's cultural backgrounds. One person was allocated a member of staff as they shared the same culture and the member of staff had experience of cooking the food the person enjoyed.
● Care plans detailed people's preferences as to how they liked their care to be delivered and included a section on 'what is important to me', which included information on the person's religion, culture, social needs and communication needs.

Supporting people to express their views and be involved in making decisions about their care:
● People and relatives said they were involved in the planning of their care. One person said, "They [staff] do everything I want, and they work with me." Another person said, "I know what is in my care plan and it's what I told them [staff]."
● The registered manager and staff understood the importance of involving people in decision making. We saw that meetings were held with people and the staff who supported them when their wishes or needs changed. One person's relative told us, "[Person's name] had a massive change in needs and they called a team meeting with the staff and family, we were all involved."
● No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:
● People's privacy was respected, and their dignity maintained. One person said, "The carers are very polite."
● People told us they were encouraged to do what they could for themselves to maintain their independence. One person who received twenty-four-hour support told us, "At night I put myself to bed, but any problems I can press my alarm."
● The registered manager and staff were committed to enabling people to remain as independent as

possible. One member of staff said, "We aim to provide care to support individuals in a person-centred way, to help them to stay in their own home and remain independent."

- Care records were kept securely, and confidentiality maintained.

Good

# Is the service responsive?

## Our findings

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

Good: 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 individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained detailed information on people's preferred routines, personal care needs and communication needs.
● People told us they received a rota so they knew which staff would be providing their care and the time the visit was planned for. They also told us that staff stayed the full amount of time to provide their care and did not rush them. One person said, "They are flexible, they stay the right amount of time and ask what I want done."
● Where staff provided people with social support in addition to their personal care people were happy with how this was provided. One person said, "They [staff] talk to me and I go for a walk with them."
● The registered manager understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available to people in the format that met their needs. Staff supported people to use communication aids that met their needs such as individual communication charts. The service also provided information to people in a way that met their needs, for example large print.

Improving care quality in response to complaints or concerns:
● People knew who to speak with if they were unhappy and wished to make a complaint.
● People and staff were confident that if they did have a complaint that they would be listened to and the issue addressed. One person said, "I've not raised any concerns, but if I had any I'd ring the office."
● There was a complaints procedure in place. We saw that where complaints had been made the provider had investigated the complaint thoroughly and provided the person with an outcome.

End of life care and support:
● There was no end of life care being delivered at the time of the inspection.
● Where people were receiving palliative care we saw that they had been supported to make decisions about their preferences and these were recorded in their care plans. Other healthcare professionals such as GPs and other community healthcare professionals had been involved as appropriate.
● Staff had received training in supporting people at the end of their life. Staff were aware of good practice and guidance in end of life care, and the need to respect people's personal, cultural and religious beliefs and preferences.

Good

# Is the service well-led?

## Our findings

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

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

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:
● Feedback from people, their relatives and staff confirmed that people felt well cared for by staff. We received consistent feedback that the service was providing personalised care to people.
● People and their relatives told us that the registered manager knew people well and was available to them. One person's relative said, "[Registered manager] is good we can always speak to her if needed."
● All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Registered manager] is very good, very up to date with everything. We can refer anything to her and she will help. She's encouraging us for training all the time, I love it." Another member of staff told us, "It's brilliant, a really good company to work for. They're very supportive and there is always someone on call to guide you with any issues."
● The provider, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies.
● The registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
● Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
● Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.
● There were effective systems in place to monitor the quality and standard of the service. The provider had comprehensive audits in place relating to the running of the service. These included care records, call times, nutrition and medicines. From the findings of audits, the registered manager created detailed action plans to track the progress of improvements.
● The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.
● The provider had displayed the rating from the previous inspection of the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● People's feedback about the service was captured through regular contact with people and their relatives and surveys. We saw the results of the most recent survey and this was mainly positive.
● Staff surveys were regularly undertaken. The provider had recently undertaken a survey and the results of this were being analysed at the time of inspection.
● Staff felt appreciated and valued by the provider. They told us that the provider had recently paid for staff to join a local gym to promote their health and fitness. Staff told us that this had had a positive impact on teambuilding.
● Fundraising events were undertaken by staff to build team work and support the local community. For example, we saw photos of cake sales staff had undertaken to raise money.

Continuous learning and improving care:
● Staff were encouraged to attend regular meetings. Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved.
● The registered manager was continuously developing their training provision to ensure it fully met people's and staff needs. For example, by focussing training on how people experienced care, the insight this gave to staff came across in the way they spoke about their role and working for the service.

Working in partnership with others:
● The registered manager and staff worked closely with specialist health and social care professionals to ensure peoples complex needs were met. This included holding multidisciplinary review meetings and accessing training from health professionals with detailed knowledge of particular health conditions such as motor neurone disease.