

Bayford New Horizons Limited

Bluebird Care (Reigate)

Inspection report

Pilgrims Court
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Reigate
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Tel: 01737247111

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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 (Reigate) provides care to people that live in their own homes. Services are provided to older people, people with mental health needs, physical and learning disabilities and sensory impairment. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 63 people receiving personal care at the time of our inspection.

People's experience of using this service and what we found

People told us they had not had a missed call and we found that there were appropriate numbers of staff to cover the calls. Risks associated with people's care was managed well that included good infection control and the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received appropriate training in relation to their role and were encouraged to progress. People told us that they were supported with all healthcare needs and we confirmed this from records.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during our home visits. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. Care plans were planned around people's needs and staff were provided with sufficient guidance in relation to the this. Staff were knowledgeable about the needs of people and their backgrounds.

There was a comprehensive system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was robust and effective.

Rating at last inspection

At the last inspection the service was rated Good (the report was published on the 4 February 2017).

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bluebird Care (Reigate)

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

Our inspection was completed by three inspectors and an expert by experience.

Service and service type

Bluebird Care (Reigate) provides personal care and support to people living in their own homes. Services are provided to older people, people with mental health needs, physical and learning disabilities and sensory impairment.

The service had a manager that was registered with the Care Quality Commission (CQC). A registered manager 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

Our inspection was announced. We gave 48 hours' notice to ensure that the registered manager and the provider would be present at the office and to arrange home visits. The inspection took place on the 18 December 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

At the office we spoke with the provider, the registered manager and five members of staff. We reviewed seven people's care records, medicine records, audits, recruitment records for staff and other records about the management of the service. With permission we also visited and spoke with two people in their homes to gain their views of care. We also spoke with three staff members who provided care to these people.

After the inspection

We undertook telephone interviews with five people and three relatives. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff when they visited them in their homes. One person said, "There is a lovely feeling when they (staff) are here." Relatives told us they had peace of mind knowing that their loved ones were being cared for by staff at the service. One told us, "I think (person) feels safe, they (staff) seem very competent and willing to listen."
- Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff said, "Safeguarding people from abuse is important. If I thought anything was happening I would report this to the office straight away."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access if they needed to.

Assessing risk, safety monitoring and management

- Steps were taken to identify risks to people to reduce their risk of harm. These included the risks related to skin integrity, mobility, nutrition and dehydration. One person told us, "They take care of me, make sure I don't slip, things like that."
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. One person's mobility risk assessment stated, "I will reach for lower bar first then reach and hold onto top bar, so I can stand taller. Carer to use the strap behind my back and ensure under my arms." Staff were aware of this guidance.
- Staff were knowledgeable about reducing risks to people when giving care. One told us, "One person's eyesight has deteriorated. We look around the house to make sure there are no trip hazards."
- In the event of an emergency such as bad weather there was a contingency plan in place that ensured that people's care was prioritised based on their needs.

Staffing and recruitment

- People and relatives told us that the calls had not been missed and if staff were running late they would be contacted by a member of staff at the office. One person said, "Sometimes it's (the care call) been late but it's been picked up on and they usually ring and let us know."
- In the event of sickness or absence from work this would be covered by other staff at the service. The registered manager told us, "We can also call on other branches to assist."
- Staff fed back that there were sufficient numbers of staff to cover the calls. Comments included, "We have enough staff. I know this as there are sometimes gaps in my schedule where the calls have been split between all of us" and "Sometimes you do have carers calling in sick, but we are always able to cover that."
- The provider operated effective and safe recruitment practices when employing new staff. This included

requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff were suitable to work at this type of service.

Using medicines safely

- People told us where needed staff supported them with their medicines. A person said, "I manage my own medication, but they do put gel on my legs where I can't reach." One relative said, "She (their family member) has a blister pack which they ensure she has at various times."
- People's medicines were recorded in the electronic MARs. The MAR chart had details of allergies, what medicines they needed and the reasons for this. There were medicines prescribed on an 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and their competency was observed and assessed before they were signed off. A member of staff said, "We need to make sure it's the right medicine and for that person. I always make sure they have taken it before a sign the MAR."

Preventing and controlling infection

- People and relatives told us that staff adhered to good infection control. One person said, "They (staff) always wear gloves."
- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff told us, "I always wear PPE (personal protective equipment). It's about being clean and always washing your hands."
- Spot checks were carried out on staff to check that they were following infection control procedures and using aprons and gloves in a person's home when providing care.

Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. One member of staff told us, "If needed I would ring 111 or an ambulance. We would keep them warm whilst waiting for the ambulance. I would contact the office and then complete an incident form." We saw that the incident forms were completed.
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. We noted that one person's medicines had been missed on one occasion. Staff contacted the GP to check to see if this would impact on the person's health. There was also a record of lessons learned from this.
- The PIR stated, "Lessons learnt may result in actions such as further training for staff, if required. We look at root causes and how lessons are learnt." We found that this was taking place.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating. This meant 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

- Information about people's needs had been assessed before the care package was taken on to ensure they knew the service could meet their needs. A member of staff would visit the person to gain information beforehand whether in the person's home or in hospital.
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people. A member of staff said, "Once we have taken the details I then write this up onto a hard copy care plan and discuss this with the person to make sure its correct."
- The PIR stated, "We continually review our training programme and research any new information or requirements either through Government websites and following the NICE guidelines and Skills for Care." We found that care plans were developed following these guidelines.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were competent in their role. One person told us, "They are well trained."
- Inductions for staff were thorough and staff did not provide care independently until they were assessed as competent to do so. People confirmed with us that staff shadowed other staff to understand the role. One told us, "They do shadowing with one of the regulars."
- Staff were provided with face to face and in-house online training. This included training in fire safety, food hygiene, nutrition, skin integrity, health and safety, dementia care and epilepsy. The provider told us, "Carers and office staff have attended a Dementia Awareness virtual reality day which allowed all to experience what it is like to have Dementia and the impact on every day life." We saw that this had taken place.
- Staff were required to complete the care certificate (the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). Staff were complimentary about the training and support at the service. One told us, "The training has been really good, I feel I've had everything I need to do my job." Another said, "They include face to face training for practical elements."
- The registered manager and senior staff undertook regular supervisions with staff to assess their performance and to provide support. We did raise with the registered manager that although regular supervision, 'spot checks' in people's homes were taking place, staff did not always have a formal one to one supervision with their manager in the office as per their supervision policy. However, staff told us they felt supported in their role. Comments included, "I feel very supported, I know all the staff do" and "We know

there is always someone at the end of the phone and we can come to the office whenever we want to."

- After the inspection the provider confirmed that they had updated their policy to ensure that the expectations around how supervisions should take place were more clear.

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

- People told us they were supported by staff to ensure that they had sufficient food and drink. One person said, "They (staff) would give me whatever I ask for." Another person said, "They do my breakfast porridge and a cup of tea."
- We saw staff preparing drinks for people during the care calls. Staff told us they would ensure that people had enough food and drink available. One said, "We are mindful about making sure that people are eating their meals. If we have any concern, we will contact the office."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well as a team to provide effective care to people. Where there was a change to a person's health they would update the person's electronic notes to ensure all staff were aware. One member of staff told us, "We use 'Pass system' which makes life so easy. You can just update quickly on the phone rather than using paper files which can get lost."
- When staff had a concern with a person's health they ensured the appropriate health care professional was consulted. One relative said, "If they (staff) do if they have any concerns they will call the district nurse or an assessor for any equipment he may need."
- The PIR stated, "By building an excellent working relationship with the Occupational Therapists we were able to work together to get the customer out of hospital, and to stay out of hospital. We sourced the correct equipment and materials to better support the deterioration of the customer's condition." This was confirmed by one relative who told us, "They did referrals to the OT (occupational therapist) for us and it was done so quickly."
- Information recorded in care plans showed that people had access to all healthcare professionals including the GP, dentist, optician and hospital appointments. We read staff were following any guidance provided by health care professionals.

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 told us they were asked their consent before care was delivered. One person said, "It's (the care) very consensual." A relative said, "They ask her what she wants to do first."
- The registered manager and staff were aware they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. One told us, "Every adult has the right make their own decisions. We always assume they have capacity unless we are told otherwise."
- There was only one person at the service that lacked the capacity to make decisions about their care. A capacity assessment had been undertaken by a health care professional along with evidence of a meeting with the family to assess what care was required and what was in the person's best interests.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This means that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring. Comments included, "They are nice people", "They are lovely, very kind and caring", "I think they are magnificent" and "They're very kind to me. We have a bit of banter which makes a difference to me."
- We observed examples of staff being kind and attentive to people when we visited them in their homes. People and staff joked together, and you could see they have developed good relationships. One person said, "I look to them like they're my mates. I was in agony on the floor and the carer wouldn't leave me until she knew I was ok." A relative said, "She (their family member) has a great bond and relationship with her regular (carers). They do feel like friends, they're really sweet."
- The PIR stated, "Customers are involved in decisions about what they eat and drink and how their cultural and religious preferences are met as part of the care planning and being person-centred." We found this to be the case.

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

- People told us that they felt involved in their care planning and were able to make choices about the how their care was delivered. One person told us, "They do whatever I ask them, and they are a nice company."
- We saw from the care plans that people and relatives were asked what they wanted their care routine to be and staff understood this. For example, it stated on one person's care plan, "Pull blinds down when providing personal care – if you are unsure on which cords to pull ask (a family member)."
- People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer. One member of staff said, "We show we care by listening to what people want and what they are telling us they need."
- The PIR stated, "We preserve relationships (between staff and people) by ensuring we treat as individuals and enforce what they want and the choices they make." This was confirmed when we spoke with people. One person said, "They ask me if I want to shower. They listen to me rather than me listening to them."

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

- People were treated with dignity by staff. One person said, "They are very kind and caring and they treat me with dignity." A relative told us, "They (staff) are always good with him. If we are visiting when they are there they will ask us to leave while they help him. They are very friendly." Another said, "They cover him with a towel when doing personal care, even if it's just my daughter walking in the room."
- Staff were respectful towards people based on our observations of the visits to people's homes. One person told us, "They're very respectful, considering they see me (when doing personal care)." The provider

told us that, "Staff were encouraged to experience life situations, do practical exercises and scenarios to grasp a firm understanding of privacy and dignity." We saw that these exercises took place.

- People were provided with the same carer where possible which people appreciated. One relative said, "She (the carer) is very friendly with her and they talk on an equal note."
- Independence was encouraged with people by staff. One person said, "I couldn't do anything when they first started. Two and a half years later I was as independent as possible thanks to them." Another said, "They are like part of my extended family and they do let me do some things for myself."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has 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;
End of life care and support:

- Care plans were personalised and included information around the person's backgrounds and how staff could support them with their care. A person told us, "I feel I know them well and where they're from and their families. And they know things about me too." A member of staff said, "They include information about the person, so you get to know a bit about them before delivering the care. They make sure we read care plans before we give care to people." Staff we spoke with had a good knowledge of people and their backgrounds.
- There was detail on the daily routines specific to each person. For example, one care plan stated, "When hoisting (person) a lot of care and precaution is needed due to them needing a lot of your support. Carers need to ensure his neck is not moved or touched too much as this is very sensitive and fragile due to health conditions." Staff were knowledgeable of the needs of this person.
- Where the person had a specific medical condition there was detailed guidance for staff on what the condition was and how best to support the person with this. Information on how people communicated was also in people's care plans. For example, one person was hard of hearing. The care plan stated, "Tap (person) on the shoulder so he knows to lean forward."
- Staff read people's care plans and understood the care that needed to be delivered. A member of staff said, "Before we go to a client we check on the (electronic) system and the carers notes. It will mention any medical needs and tasks that need doing."
- The registered manager told us that they were not providing end of life care to any one at present however they would ensure that preferences and choices around their end of life care would be recorded.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. One person said, "If there is anything I'm not happy about they put it right straight away."
- Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. Staff supported people if they wanted to make a complaint. One told us, "I would contact the office and make sure they are supported."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- The PIR stated, "We identify and meet the information and communication needs of people with a disability or sensory loss through establishing how they like to communicate and recording this on the PASS system. We have two customers with sensory impairment where we have created picture boards to allow them to communicate with staff in a supportive way." Staff confirmed that these were in place.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary about the management of the service. Comments included, "The supervisor and (staff in the office) are all approachable. It feels like ringing a friend", "They do listen, and we appreciate it" and "The best thing is just having them really, it's just that feeling of support. It makes our life so much easier."
- Staff were positive about the management team. Comments included, "They're really helpful. If you have a problem, you just call them, and they will sort it," and "We have a very good manager. I can talk to her whenever I need to."
- Although the registered manager and provider told us that travel time was given between each call to ensure that staff were not rushed and stayed for the full length of the call, we noted occasions where this was not the case. The provider and registered manager assured us they would review this and make the necessary adjustments. We will check at our next inspection that this has been done.
- Comprehensive audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.
- The provider undertook a detailed monthly regulatory compliance audit that contributed to an ongoing action plan to improve compliance on a continuous basis which was monitored each month.
- The PIR stated, "PASS (electronic logging in system) will flag up in the office immediately if there has been a missed medication or a missed call. Regular audit of care visits recorded on the PASS system identifies any trends which are concerning. We saw this was in place."

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

- The management and staff team demonstrated a shared responsibility for promoting people's wellbeing, safety and security. They continuously sought the opinions of people and their representatives to improve the quality of care.
- The provider told us, "PASS has a provision which allows the customer, family and friends to access the system. PASS works to improve the service which allows them to be involved and interactive in the delivery of care. They have the facility to send their own messages to the office and carers." Relatives fed back to us on this, one stating, "They (staff) are very good. They type up daily the visit notes and we can check them online so its fantastic for us." Another told us, "They have an app that I can access with daily notes."

- Regular surveys were sent to people and their families to ask them about the quality of care. One person told us, "We were asked if something could suit us better." We saw that the feedback was very positive. 91% of people were satisfied with the care and 96% of people thought the carers were polite and respectful.
- The PIR stated, "We had our annual survey sent out at the end of 2018 and the areas that were identified have new processes in place and those customers not satisfied were visited by the care manager. For example, we worked through the timings of calls and we were able to adjust calls. Our PASS system has the facility for relatives to be able to view the details on the visit." We saw that this had been put in place.
- Staff attended meetings to share and discuss how they could improve care at the service. One member of staff said, "I find them really useful. We get a chance to see each other and we can all talk about things together."
- Staff told us that they felt valued and supported. Comments from them included, "They give us employee of the month awards." Another said, "We sometimes get letters and certificates at the end of the year to say thank you." Compliments from people and their families were shared with staff and staff were congratulated and thanked by the senior management team for the good care they were providing.
- The PIR also stated, "We are developing a new values-based interview approach so that we better select the right candidates from an increased number of applicants. We are investing greater effort in staff engagement and retention initiatives such as innovative approaches to holding staff engagement meetings."

Working in partnership with others; Continuous learning and improving care:

- Steps were taken by the provider and registered manager to drive improvements and they worked with external organisations to help with this. This included other health care professionals and Age Concern. The registered manager told us, "We do work with Age UK. A gentleman recently had Age UK to do the ironing and we supported the person to arrange this. It was important we were listening."
- The PIR stated, "Our directors were involved as early adopters in the pilot process and we are now due to launch the monitoring of customer Vital Observations in the home within the next couple of months. This will include monitoring blood oxygenation, heart rate, and blood pressure to identify changes in health condition and support early intervention to improve customer health and reduce incidence of customer hospitalisation." We saw that plans were in place to start this.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirmed with us that they were contacted with one relative telling us, "They will call us if they are worried about anything."