

Most Stars Limited

Bluebird Care (Rother & Hastings)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place between the 10 and 16 May 2017. We visited the office of Bluebird Care (Rother and Hastings) on 10 and 11 May 2017. This was an announced inspection. This means the provider was given notice due to it being a domiciliary care agency and we needed to ensure someone was available. The inspection involved a visit to the agency's office and telephone conversations with people, their relatives and staff, between the beginning and end dates.

Bluebird Care (Rother and Hastings) is a domiciliary care agency based in Rye. This was the provider's first inspection at this location since they registered with the Care Quality Commission (CQC) in May 2015. They provide support and care for predominately older people living in their own homes. People had been assessed at risk of falls and some had long term healthcare needs such as diabetes, multiple sclerosis and people were living with dementia type illnesses.

Bluebird Care (Rother and Hastings) were able to, in line with their franchise agreement, offer their services over a large geographical area in East Sussex. However at the time of our inspection most people lived within 15 miles of the provider's office in Rye. At the time of our inspection 21 people were using the service. There was a registered manager in post, a registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People spoke positively about the services provided. However we found some areas related to safety required improvement. We found an example where a staff member had not followed the provider's policy in regard to reporting an accident. Completed accident and incident paperwork had not consistently recorded what corrective actions had been taken to reduce a reoccurrence. Staff were clear on what constituted abuse. However we found some staff were unable to identify who they should escalate a safeguarding concern to. Although staff records related to recruitment were predominately complete and assured the provider staff were suitable to work in care, one staff member did not have all previous employment references in place.

All people, their relatives and staff told us they considered the service was well led. However we found some shortfalls in areas where the leadership of the service was accountable. We found examples where people's care records did not provide an accurate reflection of the support staff were providing to people. Although this had not impacted on care delivery, care records should document the specific care being provided. Senior staff were not having their supervision documented which meant it would be more difficult to set and track defined objectives. The providers electronic scheduling and care call monitoring software had the potential to allow staff to 'tag' into the same call as another staff member. This increased the risk that aspects of care delivery may be overlooked.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines records were audited and reviewed to check for errors or

omissions.

There were enough staff to meet people's care needs and care staff had regular training, supervision and appraisal to support them. Staff gave positive feedback about the quality of the training they completed and people who use the service said staff were well trained and knowledgeable.

People's care and support needs were assessed and routinely reviewed. Care plans were developed to detail how these needs should be met. People and their relatives told us they felt involved in their care. Most people's care plans were detailed and provided clear guidance to staff to be able to provide individualised care. People knew how to make a complaint or raise concerns with the senior staff or the registered manager. There was an appropriate complaints system in place.

People told us they were supported by friendly, reliable and caring staff who respected their privacy and promoted their independence. People who required support or encouragement to eat and drink received appropriate care and staff knew what to do if they thought someone was at risk of not eating or drinking sufficient amounts. People were supported with their day to day health care needs such as liaising with health care professionals.

A range of audits and quality assurance systems had been established to ensure people experienced safe and good quality care and enable senior staff to have oversight of the service provided. People were routinely asked for their feedback about the quality of the service and had confidence in senior staff responding positively to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Although people told us they felt safe using the services the provider offered some staff could not identify the Local Authority as the first point of contact to report safeguarding concerns to beyond the provider.

We found an example of an accident not being reported appropriately and in line with provider's procedures. However risks associated with providing support were generally managed well.

People were supported by suitable numbers of qualified staff to meet their care needs.

People were supported safely with their medicines.

Is the service effective?

Good 

The service was effective.

People received effective care and support because staff had the skills and knowledge to meet their needs.

Care staff had regular supervision and checks on their performance to ensure they supported people correctly.

Consent was gained before people were supported. The registered manager and staff had a good understanding of the Mental Capacity Act 2005.

People who required assistance with food and drink were supported appropriately.

Is the service caring?

Good 

The service was caring. People gave positive feedback about the care and support they received.

People experienced care from staff who were kind and compassionate. People's privacy and dignity was respected and

their independence promoted.

People were involved in making decisions about the care and the support they received.

People's confidentiality was protected by staff correctly following the providers policy.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were regularly reviewed. People were encouraged and able to express their views about their choices and preferences.

Staff knew what people's preferences were and how to meet them.

People knew how to make a complaint and assured they would be responded to if they raised concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Although a range of quality assurance systems were in place not all them had been completed. Areas for improvement noted at this inspection had not been identified by the provider.

Some records were not up-to-date to reflect the specific care that was being provided.

Feedback from people and staff about the quality of the leadership was positive.

Staff were well motivated, felt involved and well communicated with.

Bluebird Care (Rother & Hastings)

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.

The inspection took place between the 10 and 11 May 2017. This was an announced inspection. 48 hours' notice of the inspection was given to ensure that the people we needed to speak to were available. The inspection was undertaken by one inspector.

During the inspection process we spoke with seven people who used the service and two relatives by telephone. We asked what it was like to receive care and support from the provider. We reviewed six people's care plans and associated records. We spoke with six staff, the registered manager and provider.

We looked at staff's recruitment, supervision and training records, and spoke with the provider about the systems in place for monitoring the quality of care people received. We reviewed comments staff had made in a feedback survey and looked at a variety of the service's policies such as those relating to accidents and incidents, medicines, complaints and quality assurance.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We reviewed the provider's information return (PIR) and responses from questionnaires sent by us to people, their relatives, staff and community professionals. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People told they felt the care and support they received from Bluebird Care (Rother & Hastings) was safe; and that whilst staff supported them in their own homes safety was an important aspect of the service provided. However, we identified several areas which required improvement.

The provider had policies which gave staff guidance on how to respect people's rights and keep them safe from harm. These included systems on protecting people from harm and abuse. Staff had received safeguarding training and demonstrated a good understanding of, and were able to describe, different types of abuse. However three staff failed to identify the local authority as their primary point of contact to raise safeguarding concerns beyond the service's management. The registered manager stated they would recommunicate this via a staff meeting.

One staff member told us about an accident a person had whilst they were in the person's home. However, they could not recall completing an accident form and there was no completed accident form in the office. This meant the provider could not be assured appropriate steps had been taken to reduce the risk of this reoccurring. However, where staff had completed accident or incident documentation it clearly noted their involvement and immediate actions taken such as first aid and/or summoning the emergency services. However, the 'follow up' section within the accident and incident documentation had not always recorded what, if any, alterations to care and support had occurred as a result of the accident or incident. This meant senior staff could not be assured appropriate actions had been implemented in people's care documentation to reduce the likelihood of a reoccurrence.

Although the majority of the documentation indicated the provider followed safe recruitment practices; we found one staff member who had been employed for almost three months, did not have previous employment references in place. One of these references was provided on the day of our inspection and the registered manager evidence they had resent requests. It is good practice to ensure a staff member's recent employment history is confirmed by receipt of references. Staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff who provided transport to people in their own vehicles to appointments had all undergone appropriate checks to ensure they were safe to do so.

The provider undertook a range of assessments to identify and reduce risks for people; these were completed in the initial days of a person using the services. The registered manager said, "We have found it's not possible to do detailed assessments in a few hours so a senior member of staff completes them over the course of the first few visits." Assessments included environmental risks associated with providing care in a person's home along with care related areas such as mobility, nutrition and medicines. Although we found the provider had generally managed risks well we found one person who had recently started to use the service had not had appropriate risk assessments completed. The registered manager acknowledged this was an over sight and completed the necessary assessments within 48 hours of the inspection.

People and their relatives told us they were happy with the support they received with their medicines and said staff they were confident when providing support. One relative said, "I have been impressed how their electronic system works, we've never had any issues." A staff member told us, "Our supervisors do medication competencies and spot checks to make sure we are doing things properly." The provider had a detailed medicines policy which provided clear guidance for staff on all aspects of their involvement in supporting people safely. People gave us positive feedback about how they were supported to take their medicines safely. Comments included; "I do have to take quite a few pills. The carers remind and check with me to make sure I've taken everything." People's medicines administrations charts (MAR) were regularly reviewed by senior staff to ensure they had received their medicines and that the records had been completed accurately.

The service had not missed any scheduled visits to people's homes which evidenced there were enough staff available at all times to meet people's needs. The service monitored how many staff were required to enable them to support each person's care package. Recruitment was on-going to ensure staff were available at all times needed and to enable them to take on new packages of care. The registered manager said they would not take on new care packages if they did not have the staffing hours to cover it. Staffing levels also ensured that staff days off and holidays were covered. People and their relatives were happy with staffing levels. Staffing levels for individual care calls were determined during a person's initial assessment of needs. This was reviewed in line with any change in needs or when care reviews were undertaken.

The provider had suitable emergency procedures in place. Many of the people supported lived in rural locations and the provider used a risk matrix which identified those people who could not go without support in the event of an unexpected event such as adverse weather. The provider's office was staffed between 8.30am to 5pm during the week. A 24 hour 'out of hours' telephone number was available and provided by senior members of staff. People told us they felt confident they could reach the service whenever they needed.

Is the service effective?

Our findings

People and their relatives spoke positively about all aspects of the care and service they received from Bluebird Care (Rother and Hastings). A person's relative said, "I have been very impressed, the staff know what they are doing and are really on the ball."

Staff told us the training offered by the provider was good and supported them in their roles. The provider had a separate training room in the office where staff completed face to face training for areas such as moving and handling and medicines. Other training was completed via 'on line' courses. A staff member said, "The training is helpful and keeps you up-to-date as things do change." Other areas of training included infection control and food hygiene. A person said, "The carers are very hot on checking expiry dates when looking in my fridge." Another person's relative said, "They (the care staff) are always very good with their hand washing and keeping things clean."

The induction for new staff was comprehensive and tailored to reflect their previous care knowledge and experience. New staff worked alongside more experienced staff until suitability to work independently had been assessed. The registered manager completed all new staff's probationary review. One staff member said, "I was new to care so I needed some more time to build up my confidence, the supervisors have been excellent." The registered manager encouraged and supported staff to complete additional training such as the NVQ (National Vocational Training). NVQ's are work based awards that are achieved through assessment and training. To achieve NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard.

Staff told us they were effectively supported by the registered manager and senior staff. One staff member said, "I feel lucky to work here, the support is very good." The provider had established a range of mechanisms to oversee staff performance and provide support. These consisted of 'spot checks', supervision and competency reviews in areas such as medicines and moving and handling. During supervision staff discussed any issues they had, including meeting people's care needs and any training requirements. Staff said supervision meetings occurred regularly and they felt comfortable discussing their work.

People and their relatives spoke positively regarding the support they had received to access appropriate care from appropriate health care professionals. One person told us, "They (the staff) have liaised with my GP when I have asked, they are much better at it." Another person's relative said, "The staff picked up when they (the person) had the start of an infection and got things moving quickly." Staff were clear on their duties and responsibilities and if there were changes in people's health and well-being they would raise these concerns with senior staff and other health care professionals.

Where appropriate people's nutritional needs had been assessed and guidance made available for staff to enable them to support people with meal preparation and assistance to eat. People told us staff were efficient at getting their meals ready; one person said, "I couldn't do it without them, they are very good." A staff member said, "For one client we make sure they smaller meal size as they don't like to see food

wasted." People's preferences regarding food were care plans and reminded staff to respect people's choices.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their roles. They knew what they should do to protect people who did not have the mental capacity to make some decisions for themselves. The MCA provides a legal framework for acting and making particular decisions on behalf of adults who lack the capacity to make decisions themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and the least restrictive option.

The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood advocacy issues and ensured they had seen and recorded appropriate LPA paperwork so as they could be assured decisions were being made appropriately. People were asked for their consent before staff provided any care. One person said; "Oh yes the staff are very polite, they always check I'm ready before they start". Staff explained how they would ask for people's permission before giving support, and what they would do if someone declined the support offered.

Is the service caring?

Our findings

People were very positive about the staff that supported them. People expressed warmth when discussing the staff who came into their homes. One person's relative said, "I have been genuinely surprised at how attached and important they have become to us all, very pleased with the service."

The registered manager and staff knew the people they supported well and spoke about them in a kind and caring way. The registered manager told us how they were, "Passionate about making a positive difference to people's lives." Staff knew what to do to make sure people's preferred care needs were met. They described how they would support people in a person centred way, and help people to make their own routine decisions and choices. The registered manager or other senior staff spoke with people regularly to make sure their care needs were being met and their choices and preferences respected.

People told us staff were friendly and enjoyed them being in their homes. One person said, "I love a chat and although they (the staff) are busy when they are here; they will make time to chat with me." The registered manager told us a key factor to developing these good relationships with people was to have regular staff continuity. A person said, "I see the same staff all the time, this has been really helpful for me."

The registered manager had established a service commitment which was, 'You will never see a stranger'. This meant that a person would never have a staff member come to their home that they had not met prior to the care call. Two people we spoke to knew about this commitment and told us how important it was for them. The registered manager had told people about the inspection before our visit; one person who used the service came into the provider's office to share their positive comments about the staff and the service. They said, "They have always gone that one step further, they fit in with me and how I like things done." Another person's relative stated on a recent satisfaction questionnaire, 'I have come in and caught a carer singing with my mum, just lovely.'

People told us staff were reliable and arrived at the times they expected. A person said, "One of my worries before I had homecare was that I would be let down, the staff have always been really punctual."

People were routinely involved in planning their care and the routines staff followed. A person's relative told us, "We felt fully involved from the outset and things work like clockwork for us." People told us of the importance the service played in enabling them to remain living in their own homes. Staff acknowledged the importance of supporting people to remain independent. A staff member said, "I have learnt not to rush in, give client's time and encouragement and often they can do things themselves." One person said, "I do as much as I can when showering and the carers are just there in the background if I need them, that's the way I like it." Staff provided examples of how they respected people's privacy and dignity during their time in people's home. These included covering people appropriately whilst supporting with personal care.

The registered manager showed us a number of compliments the service had received which demonstrated people valued the service provided. The registered manager had recently hosted a birthday celebration for a person in the provider's office. This had been well attended by staff and the registered manager expressed

genuine pride at being able to host this event. They said, "it was just so nice that the client wanted to spend part of their special day with us." Several people mentioned the registered manager's dog who spent time in the office. One person said, "They have even got a little uniform for it, so sweet." A member of staff told us how one person loved animals and the registered manager routinely visited with their dog so they could enjoy seeing it.

Staff understood the importance of protecting people's personal data and information held within care documentation. The service's electronic system had appropriate password protection installed to secure information stored on hand held devices. Care records were also stored securely in the office and another copy was kept within people's homes. The provider had taken steps to ensure people's records that were held electronically were 'backed up' securely at a different location.

Is the service responsive?

Our findings

People and their relatives said the service responded well to their needs. "I can definitely say I am satisfied with the service" one person told us. A relative described how the service had made a positive impact, "The staff that visit my dad have a knack of pitching things just right, he will do things for them that he won't for me."

Care and support was planned in partnership with people and their relatives. Before people used the service they were visited by a field care supervisor, who was a senior member of staff, to complete a joint assessment to make sure the service could meet their needs. People told us the assessment process was detailed and they were asked a lot of information about themselves. Assessments included all aspects of the person's health, social and personal care needs. The registered manager said, "We don't feel it's possible to gather all the information you may need in one visit, so the field care supervisors will do the first few care calls to get a real feel for the package." People told us regular reviews of their care took place which included their feedback to ensure staff were supporting them according to their individual needs.

A care plan was developed for each person before they were supported by staff. This included each person's daily routine and their preferences around how they wished to receive support. For example, in one person's plan it stated that the person liked to wash their own face when being supported with their personal hygiene. Guidance was in place for specific tasks such as supporting people with their mobility, health needs and well-being.

Care plans had headings which linked directly to people's support needs and the associated task, such as nutrition and personal care. The registered manager acknowledged that as they began to accept new care packages where people had more complex care needs there would be the requirement to add additional headings. We saw examples where there was a good level of detail within people's care documentation which was person centred. Staff told us this helped them deliver care in a consistent way and prevented tasks being overlooked. A staff member said, "The electronic devices we use gives us prompts and if a task has not been completed then it won't let you log out of the call." People's daily care notes were entered onto an electronic device by staff; these were able to be viewed by senior staff at the office immediately. Care notes provided clear descriptors of the support provided and people's moods and behaviours.

People said staff completed the care tasks allocated and would then ask whether there was anything else they could help with. One person told us, "The staff do any little jobs I ask, like popping a washing load on." A member of staff said, "The time is the clients so being as helpful in that time is important."

Along with routine scheduled reviews of care the provider undertook annual satisfaction surveys. The most recent survey had been sent out to people in August 2016. 14 people responded and all comments and feedback was positive.

No-one we spoke with said they had missed or late care calls. Staff told us they had enough travel time between care calls and were given sufficient time to spend with people. If they ever felt rushed they would

raise this concern with the office. A member of care staff told us, "The manager or supervisors would come out and review a client if we raised any problems with the timings." We saw evidence senior staff had liaised with families and commissioners regarding the amount of time people had with care staff to ensure needs were responded to.

People and their relatives told us they knew how, and would be confident, to raise a complaint or concern about any aspect of the service. A person said, "The book they left here has all the numbers and I would speak to the manager." The provider had a complaints policy and people received information in a suitable format. We saw where a complaint had been received the registered manager had responded in line with the providers policy and resolved to the complainants satisfaction. The service provided an 'out of hours' telephone facility where people could speak to a member of staff at any time. People told us they were aware of this number.

Is the service well-led?

Our findings

Although people, their relatives and staff told us they considered the service was well led; we found areas of practice which demonstrated the service was not consistently well led. The registered manager was supported by three senior staff. One was predominately office based and oversaw the administration related to scheduling care calls and staff rotas. The two other senior staff were 'field care supervisors'. Field care supervisors undertook most pre-assessments and designed people's care plans and completed care reviews and re-assessments.

We found examples where records related to people's care documentation was not up-to-date. For example, a person who had recently started using the service did not have clear guidance for staff about their behaviour which could be challenging. Another person's care plan had not clearly identified the support they would need with their mobility. These incomplete records did not have an impact on people as staff knew what they needed to do to support people safely. The registered manager was responsive and updated the identified records promptly.

All staff told us they felt well supported in their roles. They were having regular formal supervision which was documented. Although senior staff were in regular contact and liaison with the registered manager they were not having these discussions formalised or documented. It is good practice for all staff to have supervision documented so as any objectives or actions set can be revisited to determine progress.

We found an example where the registered manager had not informed the CQC of a notifiable incident. They had followed the appropriate procedure to inform the local authority of the safeguarding concern; however had not informed the CQC which they are required to do.

Staff spoke positively about the electronic system they used to 'log in' to a care calls in people homes. When a person required two staff to support them the electronic system created two calls which required the staff to log in to one each. We found examples where this system had created confusion as the electronic system allowed staff to log in to each other calls. This meant there was a potential risk a person may not receive the care they required. For example a 'two care staff call' would require one of the staff to have the person's MAR attached to their responsibilities and there could be a risk both staff could sign into the same call and the person may not be supported with their medicines and the MAR may not be completed. The registered manager acknowledged on a few occasions staff had signed into a care call not assigned to them however this had always been picked and not impacted on people. They committed to liaise with the software developers to review this issue.

The registered manager completed a range of audits which provided them with oversight of the service. Most proved to be effective as a quality assurance tool and had been completed regularly. However, the registered manager told us they were currently auditing one care plan a month. This meant that a care plan may not receive an audit in excess of one year. The care plans we identified with shortfalls had not been audited by the registered manager. Both the registered and provider acknowledged more regular care plan audits would now be a focus for the senior staff. Other routine audits included areas such as medicines,

hospital admissions and tracking the calls which came in via the out of hours 'on call phone'. As part of their franchise agreement the provider had an additional layer of governance oversight from a regional quality assurance manager. Their most recent report in November 2016 identified areas which required actions. For example an office based role had been identified as having a high workload. Actions had been taken as a result and this had been signed off as completed.

The registered manager told us they felt well supported in their role. They said, "I speak to the provider by phone a few times a week and they are generally here in the office at least once a week." The provider operated another service in another region and encouraged the registered managers to liaise and share good practice. The registered manager from the providers other service had recently visited Bluebird (Rother and Hastings) office and a reciprocal visit was planned.

The PIR identified the registered manager had an 'open door' policy, staff told us this was helpful as they knew they could communicate key information quickly and did not need to wait for an appointment. The culture of the service was open and staff were keen to communicate how they enjoyed working for the provider and felt valued in the roles. People received information about the service's vision and aims when they began using the service. Staff were familiar with these and told us the service provided care which was focused on keeping people independent.

Staff meetings took place regularly, these had been well attended and meeting minutes were comprehensive and identified a range of issues were discussed and feedback gained from staff. A staff member said, "I find them (staff meetings) helpful, it's a chance to share information with everyone." Recent minutes identified the registered manager had briefed staff on a new 'care passport' for people's care plans which would assist when liaising with health care professionals.

People and staff spoke positively of the services leadership. A person said, "I have only good things to say about the staff and manager, very professional." Staff told senior staff were accessible and felt comfortable approaching them to raise any concerns or issues. The registered manager engaged positively with the inspection process and where an area for improvement was identified they took immediate action to begin to address the shortfall.