Jan Walsh & Co Ltd

Bluebird Care (St Helens)

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an inspection of Bluebird Care St Helens on the 21st and 25th September 2018. Both visits were announced to ensure someone was available to assist us. Both days included visits to the office and talking to staff and people who used the service.

The last inspection of this service was in December 2015. At that inspection the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. The service operates within the St Helens area of Merseyside with one person being supported in a neighbouring borough. The service operates from an office base close to the town centre of St Helens and is close to public transport links.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during our visits.

We found that staff had had received training in how to protect vulnerable adults and were clear about how they could report any allegations of abuse. They were also clear about the agencies they could speak to if they had concerns about poor practice within the service.

Information was available confirming that when equipment such as hoists were used by people as part of their support; details of service dates and contractors contact details were in place.

Risk assessments were in place identifying any potential hazards within the environment that could pose a risk to people and how the risks could be minimised. These assessments extended to each person's home environment and highlighted measures to ensure the safety of people was safeguarded.

Assessments were also in place highlighting the risks people faced from health issues or from being safely transferred from place to place within their home. These were closely monitored and reviewed regularly and were agreed by people.

Sufficient staff were available to attend to people's needs. Staff rotas were available on a real time computerised monitoring system to ensure that calls were not missed.

Staff recruitment was robust with checks in place to ensure that new members of staff were suitable people to support vulnerable adults.

Medication management was robust and promoted the well-being and safety of people who used the service. Checks were in place to ensure that medication was given when needed and staff who administered medication received appropriate training and had their competency checked.

Staff received training and supervision appropriate to their role. A structured process of induction was in place to prepare new staff for their role.

The registered provider had taken the requirements of the Mental Capacity Act into account. This was done through training and assessments in respect of people's capacity.

Appropriate nutritional support was provided to those who required it.

People told us that the staff team were caring and respectful at all times when providing personal care and support.
Confidential information was kept secure at all times.

Care plans were person centred and outlined the preferences of people such as terms of address. All care plans were reviewed regularly and the contents were agreed by people who used the service.

A system for people to make complaints was available. Ths meant that people could be confident that any concerns they had were listened to.

The registered manager and management team adopted an open and transparent approach to running the service and sought to provide a career path for staff within the service to progress. Staff were complimentary about the management team and reported that they felt supported at all times.

People considered that the service was well run and had had the opportunity to comment on their experiences through surveys and regular contact with the office team.

Notifications required by law of any adverse events within service were always sent to us and the rating from our last visit was put on prominent display.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bluebird Care (St Helens)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 21st and 25th September 2018. The first date was announced and involved a visit to the service's main office. The second day involved contacting people who used the service for their views about the support they received and was also announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered provider was available to assist us.

The inspection team consisted of one adult social care inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications and comments, concerns and safeguarding information. Our visit involved looking at 10 care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service.
In addition, we had contact with seven people who used the service. We also spoke to members of the management team, the operations manager and other members of the management team. We had contact with six care staff members. We also spoke with the local authority who commissioned the service. No concerns were identified.

As part of our inspection, we ask registered provider to complete 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. A PIR was returned to us when we asked.

Good

Is the service safe?

Our findings

Systems were in place to ensure that people using the service were safeguarded from potential abuse. People who used the service told us that they felt safe with the staff supporting them.
The registered provider had a safeguarding policy in place and there was evidence that where safeguarding issues had arisen in the past, the registered provider had co-operated with safeguarding agencies to ensure that any allegations could be investigated appropriately. Staff received training in this and were clear about reporting processes for raising any concerns. Staff told us "in the past when issues relating to safeguarding have arisen the management have been outstanding in their quick response to raise these".

Staff rotas were available. These were placed onto a computerised system which gave a real-time account of when staff had arrived at a person's home and the length of time they took to provide the support people needed. This system enabled the registered manager to monitor if calls were being made and a system was in place to alert the registered manager if a member of staff had not arrived or the call had been missed. The rotas indicated that no calls had been missed and that people received the support they needed when they required it.
People said, "staff always arrive for my call" and "staff always arrive and stay for the right length of time to help me". In those instances where staff were delayed and may arrive late; we witnessed office staff explaining to people that staff may be a bit late and the reasons for this. During one day of our visit, the service had a shortfall of staff due to sickness. Office staff were witnessed looking at staff rotas and the needs of people as well as contacting other staff with the aim of providing continuity of service so that people could still receive support. The office staff demonstrated an ongoing commitment to achieving this and were successful in providing continuity of care.

Care plans outlined the support people required with medication. If no support was needed, records still indicated that people were independent in managing their medicines or had a family member who could assist. Where support was required, care plans provided a personalised summary of the preferences of people in receiving their medicines, for example, whether they required prompting. Medication administration records were in place outlining in detail the type of medication involved, the dosage, time and route of administration. These were completed appropriately.
While the service did not routinely get involved with the ordering of medication; there had been occasions where people who used the service had requested some support in ordering and receiving their medication and this support had been provided by the staff team. Staff received medication training and had their competency assessed to do this task on a regular basis. Medication records were on line so that any missed medicines could be accounted for in real time. There was no evidence that medications had been missed but alerts did provide information where medication had not been given and the reasons for this. People commented that they received the support they required with their medication.

The risks faced by people in the support they received was taken into account by the agency. Where people required assistance with transferring; manual handling assessments were in place, were up to date and included a written confirmation from people that their risks had been assessed. All equipment used had the last service date recorded by the agency so that staff were aware of whether portable hoists, for example

were safe to use. Other risk assessments included risks faced by both staff and people who used the service from the person's own home. These included any potential hazards that people may face in respect of slips, trips and falls as well as emergency information relating to each property, for example, the location of gas and water cut off valves within each home. All risk assessments were regularly reviewed and up to date.

Staff were issued with personal protective equipment (PPE) such as disposable gloves and aprons. This was to prevent the spread of infection from one person to another. Staff had received training in infection control as well as organisational policies People expressed their views on how staff provided support hygienically. This was done through surveys and people stated that staff always used gloves and aprons appropriately.

The real-time care planning, staff rotas and medicines records meant that any issues could be effectively dealt with in a timely manner. This meant that when issues did arise, swift action could be taken and any lessons learned were fed back to the staff team through staff meetings or individual supervision sessions.

Accidents and incidents were also recorded and analysed. Records confirmed that action was taken in response to any emerging patterns or trends and lessons learned were acted upon.

Good

Is the service effective?

Our findings

People commented that "[staff] know what they are doing" and "They [staff] know how to meet my needs and are well trained".
Training records were available outlining the training that staff had received in order for them to carry out their role. Training consisted of mandatory health and safety topics such as infection control and food hygiene as well as other training linked to the specific needs of people. This included safeguarding training, dementia awareness, equality and diversity, medication and the Mental Capacity Act.
Staff told us "If there is a particular aspect of training that we haven't carried out for a while and need refreshment on, they [management] are always there to offer a helping hand and provide training with immediate effect" and "Training is always provided to a very high standard". A training matrix was in place which outlined the training staff had received as well as the dates for refresher training were applicable.

Staff received regular one to one supervision. This included the views of the member of staff as well as any key updates of work practice that needed to be communicated. Supervision records indicated that the knowledge of staff was tested. This related to areas such as safeguarding and the Mental Capacity Act 2005. Other supervision sessions included spot-checks in order to assess their work practice. This was done with the agreement of people who used the service who were able to give feedback about their experiences at the time.

New staff received a structured induction process to enable them to become familiar with their role. This included training in mandatory topics as well as a period of shadowing existing staff. The care certificate had also been used to introduce new starters into their role. 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. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community, any restrictions need to be referred to the Court of Protection for authorisation through the local authority. At the time of the inspection there was no one who required a referral to the local authority.

Care plans included an assessment of people's capacity to make decisions for themselves and training had been provided for staff. Supervision records demonstrated that staff had an awareness of the principles of capacity and how this impacted on people's daily lives. Staff knowledge on this topic was regularly examined.

The nutritional needs of people were taken into account. This ranged from prompting people to prepare

meals and drinks to staff preparing meals and drinks as part of the support provided. In those instances, care plans were clear as to the level of support required and how people's nutrition and hydration could be maintained. Those who received support in this area were happy with the quality of support they received. Alert systems were in place to ensure that the nutritional and hydration needs of people were met.

Records maintained by the service included the written consent of people to carry out their assessed needs. These included care plans, risk assessments and reviews. Individuals were always consulted to ensure that they agreed with the support package being provided to them.

The agency took the health needs of people into account. Details of medical conditions were recorded within assessment information and care plans. The contact details of health professionals were recorded in people's care plans and staff knew who to contact should the need arise.

Good

Is the service caring?

Our findings

People who used the service commented "They are a caring service"; "Polite and respectful"; "Professional and friendly" and "They [staff] are wonderful". Other feedback from people included that staff "went the extra mile" and did tasks that were over and above what was recorded in their care plan. For example, staff were reported to have assisted as much as possible with small household tasks.

The registered provider had compiled evidence since the last visit outlining those actions which they considered to demonstrate a personalised and caring service for people. Evidence included one person turning to the agency when they needed support in ordering their medication. This was done with the help of the agency. In addition to this, a person who used the service was admitted to hospital and given that this person had no family connections, care staff visited the person in hospital. Another person was about to be discharged from hospital and was concerned that they did not have food in their home for their return. The staff team ensured that this was completed to reassure them. This demonstrated that the service was caring and prepared to offer practical support over and above core care support.

All sensitive and confidential information relating to people who used the service was stored on computerised systems. This information could only be accessed by member of the staff team and were password-protected. Other information was locked in cabinets and as a result confidentiality was maintained at all times.

The communication needs of people were taken into account. This included general information on whether people used aids to help them hear or see better, for example. Information also included the best way to communicate effectively with people when staff visited them. One person did not have English as a first language. Their care plan outlined that in order to communicate with them it was best to take time to listen and talk to the person so that they could clearly understand.

Good

Is the service responsive?

Our findings

People commented that they were "Involved in their care plan" and "I agree with the support I am given by Bluebird".

Assessments were in place. These were completed prior to people receiving support to ensure that the service could meet the needs of people. Assessment information was also gained from the local authority where applicable so that the main needs of people could be captured. Assessments contained details of the main needs people had as well as any social history or interests that people pursued. Once completed, assessments were translated into care plans.

Care plans were person centred and contained the likes, dislikes and preferences of people who used the service. When the care plan was devised, people were invited to consent to the support package that was proposed. Care plans focussed on the daily routines of people and their communication needs. Where support in personal care was required, care plans outlined in detail the exact levels of support required and took the individual preferences of people into account.

The agency did not routinely support people with activities but the interests of people as well as their social history was taken into account. This enabled staff to talk to people about their interests and in many cases, the support they received enabled them to pursue their daily routines and activities after support was provided.

No one using the service had been identified at being at the end of their lives. Care plans did include details of future wishes that people had when they reached that stage of their lives. Staff had received training in end of life care.

A complaints procedure was available. This outlined the timescales for investigation of any complaints raised. The procedure was available in other formats if needed. People told us that they had not had to make a complaint but were aware of who to speak to and were confident that their views would be listened to. Complaints records were maintained. These detailed the nature of any concerns raised, action taken and the outcomes and findings of any investigations undertaken in response to complaints.

Information was given to people verbally and in a written format. A newsletter had also been devised which was provided to people every quarter. This had been developed in response to a survey which had identified that some people would like a newsletter on events within the service. While no one had any specific communication difficulties, the management team said that they were mindful of alternative formats and could provide information in an accessible format to ensure people were aware of developments within the service.

Good

Is the service well-led?

Our findings

People told us that they service was "well led" and that they had confidence in the service to meet their needs.

The service had a registered manager who had been registered in July 2017 after our last visit in December 2015. The registered manager was not present during our visit but other members of the management team were able to assist in the inspection process.

The registered provider had a range of audits in place to ensure that the service continued to provide a good standard of support to people.
Audits included regular reviews of care plans with people involved. Once a care package commenced, each person was contacted by the service within the first week to determine whether the support provided had started in accordance with their preferences and whether there had been any issues or problems to discuss. This process also included finding out from people whether staff had arrived in time and whether they had stayed for the agreed time. Other surveys with individuals took place as the care package progressed. Reviews of care packages always included the people who used the service and provided an opportunity for the support provided to be discussed and whether any changes in the support were needed. This review gave people the opportunity to comment on their experiences of the agency and comments included "They[staff] are wonderful" and "They [staff] are very well trained and meet my needs".

Other audits included a real-time assessment of whether support needs had been met and if not, the reasons behind this. The real-time monitoring of the support via computer enabled the registered manager to instantly be aware of any issues that meant that the quality of the support had been affected. Times staff arrived, the elements of support provided by staff and any changes or deviation from people's care package was routinely monitored. We saw that alerts were responded to promptly and that reasons were always given if certain support had not been provided.

The registered provider also carried out spot-checks on staff performance. These were unannounced and enabled an assessment of the quality of the support to be made with any points of improvements in practice discussed through the supervision process. Further audits included audits of medication, care planning and daily records.

The registered provider was aware of those events which they needed to report to CQC. Our records found that these had been done appropriately. The registered provider had also displayed the rating from their last CQC inspection. This was displayed both within the office premises and on the registered provider's website.

The service demonstrated that they routinely consulted with other agencies such as social workers and hospitals as well as health professionals when needed. The service had also developed relationships and maintained a presence in the wider community. The service had started links with a local food bank, for example.

The ethos of the service was to recognise the work done by the staff team. An employee of the month scheme was in place and weekly text messages were sent to staff reinforcing the good work they did and to celebrate any achievements within the service. The management team had sought to provide a career path to all staff enabling them to develop their skills and experience and progress within the organisation. Staff told us that "I don't just feel like an employee but an equal partner" and "The management are approachable and fully support me in my work". In recognition of this, the service had recently been awarded a people development award from a local business chamber and had been nominated for a national award.