Mutual Benefit Care Limited

Bluebird Care (Stroud and Cirencester)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Bluebird Care (Stroud and Cirencester) is based in Stroud, Gloucestershire and provides personal care to people living in their homes. At the time of our inspection visit this was being provided to 37 people.

At the last inspection on 30 and 31 March 2015 the service was rated Good. At this inspection we found the service to be Outstanding.

We heard positive comments about the service such as "what a brilliant team they are" and "Nothing is too much trouble".

The service was outstandingly caring and understood the value of people maintaining as much independence as possible. Staff were exceptional in empowering people to maintain and regain their independence. This enabled people to return to previous roles and to take up their old hobbies and interests. People were treated with kindness and their privacy and dignity was respected. The service was proactive in enabling people to give their views about the care and support they received.

People were enabled to live safely as risks to their safety were identified, assessed and appropriate action taken to keep people safe. People's medicines were safely managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care and the service was outstandingly responsive to the changing needs of people living with dementia. Staff made use of electronic care plans to ensure they remained up to date with the support people needed at the end of their lives. The service was outstandingly responsive to the needs of their community and continuously reviewed the needs of their local population to inform their service development.

People were cared for by staff who received appropriate training and support. Systems were in place to ensure staff were suitable to work with people. Quality assurance systems were used to improve the service and these included seeking the views of people using the service, their representatives and staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

People benefitted from positive relationships with staff and management.

People were supported to maintain and redevelop their independence with the result they were able to regain the ability to take part in previous roles, hobbies and interests.

The service was proactive in enabling people to give their views about the care and support they received.

People's privacy and dignity was promoted and respected by staff.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

The service was outstandingly responsive to the changing needs of people living with dementia. Staff made use of electronic care plans to ensure they remained up to date with the support people needed at the end of their lives.

The service continuously reviewed the needs of their local population to inform their service development. Working protocols had been developed to ensure people could return home promptly following a hospital stay.

Concerns and complaints were investigated and with appropriate responses given and actions taken to improve the service.

Is the service well-led?

Good

The service remains Good.

Bluebird Care (Stroud and Cirencester)

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 checked 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.

This comprehensive inspection took place on 30 June, 10 and 12 July 2017. The provider was given 72 hours notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out the inspection which included a visit to the office of the service and visits to the homes of four people using the service. We also spoke on the telephone with one person using the service and the relative of another person. We also received the views of relatives of people using the service by e-mail.

We spoke with the registered manager, two of the directors, the care coordinator, the care supervisor and nine care staff. During our visit to the office we reviewed records for three people using the service and checked records relating to staff recruitment, support and training and the management of the service. Before the inspection the provider completed a provider information return (PIR) in March 2015. The PIR 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. Due to technical problems the information did not reach us. However the provider gave us a printed copy of their PIR submission during our inspection. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

Procedures were in place to gather information about the suitability of applicants to posts providing care and support to people using the service. We examined the recruitment documents for five members of staff. All five staff had previously worked in posts providing care and support to people. We found identity checks and health checks were completed. In addition Disclosure and Barring service (DBS) checks were carried out before staff started work with people. If information appeared on a DBS check then this would be subject to a risk assessment to determine if the person was suitable for employment. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The provider had obtained two recent work references plus a character reference in line with their policy. The provider's recruitment policy specified "two satisfactory written references" with no indication these should relate to posts in health and social care or work with vulnerable adults or children. At our inspection visit the provider told us they would update their policy to ensure this information would be requested for all applicants.

Suitable staffing levels were in place to meet the needs of the people. We asked people if they ever experienced late visits. One person told us staff turned up on time but if they were late they would telephone and let them know although this was rare. One person's relative told us calls were late on occasion but they always received a telephone call when this happened. People were supplied with visit schedules in advance so they knew which member of staff would be supporting them with their personal care. Arrangements were in place to cover any short-notice staff absences through the on-call system and with staff from the office. Staff were organised into three teams covering geographical areas to cut down on travel time and reduce the likelihood of staff running late. There was no use of agency staff which meant people were familiar with the staff visiting them.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff had received safeguarding training and were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Staff were confident any allegations of abuse reported would be properly investigated. Any safeguarding incidents were recorded and monitored. People told us they felt safe with staff visiting them in their homes.

Risks to people were assessed and managed following risk assessments which were incorporated in people's relevant care plans, for example a moving and handling assessment was in place for one person which had been kept under regular review. A plan was in place to deal with any interruption to the service caused by such events as severe weather or loss of information. Information was available to staff about entering and leaving people's homes to ensure they were safe and secure. Safety checks were made on some of the equipment which was used to support people to meet their needs when required. Staff used appropriate personal protective equipment such as gloves and aprons when providing personal care.

People and their relatives we spoke with were satisfied with how their medicines were managed by staff.

Care plans provided guidance to staff on how to support people taking their medicines. Staff received medicines training and competency assessments in their understanding of managing and administrating people medicines. This ensured people's medicines were managed safely.

In addition three monthly spot checks took place to observe staff supporting people with taking their medicines. Medicine administration was recorded electronically and we saw staff doing this during our visits to people. Procedures were in place for reporting and responding to any errors with supporting people taking their medicines.

Good

Is the service effective?

Our findings

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as health and safety, equality and diversity and customer care. Staff also received training specific to the needs of some people using the service such as dementia and awareness of end of life care. Staff new to the role of caring for people had completed the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Staff also told us they received training when people's needs changed for example when new handling equipment had been issued to support people. A regular audit of staff files ensured staff were up to date with their required training.

Staff were also supported through individual meetings with managers and senior staff called supervision sessions as well as annual performance appraisals. Supervision sessions included discussions about training, supporting people with medicines and any concerns. Staff were positive about the training and support they received. One staff member told us, "I feel totally supported and training is excellent". Another commented on the "Really good first aid training".

Relatives of people using the service were positive about the effectiveness of staff. One relative told us staff had a good understanding of dementia. Another relative told us "If it wasn't for Bluebird (the person) would be in a care home, they have made a huge difference". Another told us "Staff are on the ball and know what they are doing". Competency checks were carried out on staff's abilities to support people with managing their medicines and with moving and handling tasks.

People's capacity to consent had been assessed in line with the Mental Capacity Act. 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. One person had a decision made in their best interests and through consultation with their relatives; they continued to receive care and support from Bluebird Care. Another person had appointed a lasting power of attorney. A lasting power of attorney has the authority to make decisions on behalf of a person who is, unable to make decisions for themselves, in their best interests. Relevant information about this was included in their care file for staff reference. Staff had received training in the Mental Capacity Act and demonstrated their knowledge of the legislation when we spoke with them.

People were supported with meal preparation depending on their circumstances, and needs. Staff had received food hygiene training to safely prepare meals and snacks. People told us they were satisfied with the support they received to prepare their meals. Care plans provided guidance to staff on how to support people with nutrition and hydration needs. One person's care plan described how they enjoyed freshly squeezed orange juice. This had been picked up in conversation by staff with the person and added to their care plan.

People were supported to manage their health care needs through liaison with health care professionals. When staff noticed changes to people's health they contacted their family or health care professionals where appropriate. Changes to any treatment people received could be quickly updated for staff reference using the electronic care plan system. Consent had been sought by staff to contact relevant professionals where required. Health care professionals communicated with staff using people's care notes. For example, one person's GP had written a request to staff to monitor a person's health. The registered manager described good working relationships with health care professionals.

Outstanding ☆

Is the service caring?

Our findings

Staff and management were prepared to work beyond expectations to ensure people received care and support that was empowering and delivered by staff in a kind and compassionate way. For example, one person had several hospitalisations due to flare-ups of their condition. They intensely disliked the hospital environment, so when staff heard that they were ready for discharge but had waiting eight hours for a transport to take them home, one of the directors collected them personally.

The service had a strong, visible, person-centred culture and was exceptionally efficient at helping people express their views. As a result, both staff and the management understood people's point of view on various things. Staff and the management were fully committed to this approach and found innovative ways to encourage and facilitate communication with people. They used creative ways to make sure each person was able to express their thoughts in accessible, tailored and inclusive means of communication.

One person's communication needs were met by the use of a visual communication tool using eye gaze direction. Staff demonstrated how the person would use the tool to communicate with them. They had developed appropriate skills in using the tool in response to the person's needs. In addition the person also used a specially adapted electronic tablet to communicate with staff. Another person was receiving an extra visit and staff were reminded the person spoke softly and did not like loud voices.

The service recently purchased a hearing amplifier and disposable ear phones to support engagement of people where hearing may be a barrier to communication. Staff also carried a magnifying glass to assist people who may have visual impairment and visited people in their homes if they struggle to communicate with office staff over the telephone.

Staff also encouraged people to use technology to enhance their wellbeing and sense of social connection. Staff had showed one person, who had become too frail to remain living in their old home, the benefits that a smartphone could bring to them and they had invested in a tablet which they could operate without assistance. Staff then helped them use the internet to find the friends with whom they had lost contact. They also showed them how they could view their old home on the internet and even found a webcam where they could watch their old beach live. This had made this person feel much more connected to the place they still considered their home, and has allowed them to share their favourite views and memories with their new friends.

Staff went the extra mile to ensure people were part of their local community and where able to live as independently a life as possible. One person had lost confidence and were encouraged to gradually go out to town again at their own pace. They began to look forward to seeing old friends in the area. They were able to enjoy weekly meals in their local pub and were welcomed to the extent that the landlord became their local emergency contact. Staff learned they had been a keen golfer and missed the social aspect as much as the sport. With the person's permission, staff contacted their old golf club, who were delighted to welcome them back as a purely social member. Staff assisted the person to find a taxi firm to take them and they re-joined the club as a well-liked and respected senior member. The person was very proud to be able

to regain their status as the oldest ever active member of the club.

People's independence was respected and promoted. Staff described the importance of supporting people to maintain their independence and we saw how this was promoted in terms of encouraging them to mobilise and to carry out some personal care for themselves. This approach was reflected in people's care plans. One person valued their independence by being able to walk their dog in a rural location. Staff realised the importance of this to the person's mental wellbeing however the person was prone to occasional falls. At the suggestion of the service and with the involvement of the local authority a tracker was fitted to the dog to enable the person's relative to locate them in the event of them not returning from a walk.

Staff adjusted their support so that people could choose to pursue the things that mattered to them and gave them enjoyment. One person found the loss of their ability to drive difficult as it make it impossible for them to independently attend their community and church activities. Staff made the person aware of the existence of the sort of mobility scooter which would enable them to navigate the extremely steep terrain surrounding their home. The person was very keen, and purchased a high-powered scooter. They however still needed support to get on and off the scooter when they reached their destinations, so their carers were required to be with him at all times on trips out. In order to keep up with the person's high-powered scooter and give them the opportunity to enjoy the speed and power which they craved, one carer brought a mountain bike, and the other literally ran 'the extra mile' to keep up with them and support their much busier social schedule.

A relative of one person told us how an additional visit had been provided at short notice in response to unforeseen changes in the care needs of the person. The relative also told us when they had been unwell during a visit; staff had called paramedics on their behalf and remained with them until paramedics had finished their assessment. This ensured the person using the service was not left in a vulnerable position with no support. They told us the service had gone "above and beyond" what they expected.

People and their representatives had been consulted about plans for their care. The Provider Information Return (PIR) stated "Our support plans are written with our customers and where appropriate their representatives, their involvement is imperative as this ensures this is person centred and meets their needs, enabling active participation from our customers does require us to think outside the box".

A relative of one person told us how they had been consulted during care plan reviews. They also told us when the person was admitted in to hospital a review had been completed by staff before the person returned home to ensure they were receiving the right care. Information about advocacy services was provided to people in the provider's customer guide. This sign-posted people to a number of advocacy services suitable for different needs.

People were treated with kindness and respect and had developed positive relationships with the staff supporting them. People knew the staff supporting them and we saw how a good rapport had been developed. As well as discussion relating to the care and support provided, we saw staff conversing appropriately about issues important to people demonstrating how well they knew them. We observed a staff member supporting a person with a warm, friendly and unrushed approach and appropriate interactions were continued throughout their visit. Staff also ensured people were comfortable after providing care and support. A relative of a person told us "(the person) has a core of carers who he likes and enjoys having their company whilst they are working at the house."

People we spoke with and their representatives confirmed staff were kind and caring; we heard comments

such as, "all very kind", "all as good as gold", "we get on so well", "lovely staff" and "very nice ladies". One person's relative told us "their first priority is (the person's) welfare". The Provider Information Return (PIR) highlighted themes from highlighted a theme from compliments received as "The team is kind, caring and empathetic." Staff told us they had enough time to provide the care people needed on visits with enough time for a chat with the person if appropriate. A relative of one person told us staff were able to use humour effectively when interacting with the person.

People's privacy and dignity was respected and promoted. People's care plans included the actions for staff to take to preserve their privacy and dignity and these were followed. Staff gave us examples of how they would act to promote people's privacy and dignity such as ensuring doors and curtains were closed and people were covered up. This was the practice we observed during our visits and was confirmed by people and their relatives. People's requests for support from staff of the same gender were respected and acted on. A relative of a person stated "(the person) asked for female care team members and this has always been delivered." Spot checks carried out on staff visiting people included checks on respect and dignity. People who were at the end stages of their life received appropriate support from staff who had been trained in end of life care We received positive feedback from a relative of a person who had received care at the end of their life.

Outstanding ☆

Is the service responsive?

Our findings

People's personal experiences were at the heart of the service. They were supported by a staff team and registered manager who were determined to ensure they received the support they needed to remain living at home. The leadership within the service was strong which supported staff to be motivated and clear on the strategies and direction of support that people needed. Staff were imaginative and highly pro-active which meant the service was outstandingly responsive to the changing needs of people, including people living with dementia as well as their family carers. We heard many examples of how staff's excellent understanding and early identification of people's changing needs had resulted in prompt changes being made to people's care arrangements to ensure their needs would continue to be met at home. Staff were often the initial drivers in liaising with health and social care professionals to ensure creative solutions were found. For example; staff were aware of the increased needs of one person living with dementia and the impact of this on the person's spouse. Prompt liaison by Bluebird staff with relevant professionals resulted in a review of the person's care arrangements. This included additional support for the couple including residential respite care for the person living with dementia, so that their spouse could have a break and continue caring for them at home. Another person was receiving care visits from Bluebird as well as support from a sibling. Bluebird staff recognised the sibling was struggling to support the person for a number of reasons. This was raised with the person's GP and relevant health and social care services. Following a re-assessment the agency was requested to provide additional visits to support the person. This pro-active approach from staff ensured prompt adjustments were made to ensure people's family carers would get the support they needed to meet people's wishes to remain living at home for as long as possible.

The provider had moved to using an electronic care plan system called "PASS system" which increased their responsiveness to people's changing needs. This system recorded all care needs and daily visits. Staff would only have access to the information about a person if they had been allocated to carry out their care. The PASS system works in "real time" with staff updating the care provided and any observations at the time of their visit. This was immediately available for staff and the area supervisors in the office to ensure relevant staff would remain up to date with people's changing needs. We heard examples of how this had brought positive outcomes for people especially those whose needs were changing as they neared the end of their life. One person receiving end of life care experienced rapid changes in their care needs and risks between care visits which made remaining at home challenging. The electronic care plan system however enabled changes to be made promptly to this person's care plan and risk assessments to ensure staff would always be up to date with the care required. This person wished to spend their final days in their home with a team they knew and trusted and this was achieved through this electronic system. By promptly responding to people's changing needs the service had enabled people to spend the end of their lives in familiar surroundings supported by staff that knew them and were able to honour their end of life care wishes by preventing a hospital admission.

The service was outstandingly responsive to the needs of their community and continuously reviewed the needs of their local population to inform their service development. They developed partnerships with other services and commissioners to increase their ability to respond to the needs of the people as well as relieving the pressure on other local services. For example, the service worked pro-actively with their local

acute hospital to ensure people who wanted and could safely receive care at home were supported promptly back home. The service was supported by their local Clinical Commissioning Group to take part in a workshop that focused on developing effective partnership working to enable prompt hospital discharge for people. Following this workshop the provider adjusted their way of working to increase their responsiveness to people's changing needs and ensure continuity of care following a stay in hospital. This included offering people the option to retain their care package indefinitely during a hospital stay and liaising with hospital wards to anticipate discharge dates. Staff training and policies had been reviewed to ensure medicines can be administered straight from pharmacy packaging and to support with transport home from hospital where reasonably practicable.

We heard of several examples how people had benefitted from this pro-active approach and were able to be discharged from hospital promptly in accordance with their wishes. For example, one person had been in hospital for some time following a period of illness and was desperate to return home. The service organized a pre-discharge assessment as soon as they were informed the person had been assessed as fit for discharge, but no hospital transport was available for that day. The service liaised with the discharge team to ensure there were no serious risks to the person travelling in staff's car and given the go-ahead was able to drive the person home that afternoon. The hospital benefitted from an extra bed available that night and the transport service had one less person to deliver home the following day. Other examples showed how the staff's knowledge of people's home environment had ensured prompt home visits by occupational therapists to enable to return home quickly and safely.

The provider also worked proactively with their local ambulance services to reduce the number of unnecessary ambulance deployments and to prevent people from being admitted to hospital when they could be cared for safely at home. Following a meeting with local ambulance providers in March 2017 the service had worked closely with the emergency services and implemented a structured post-falls protocol that is completed between Bluebird staff and the emergency services by phone to inform assessment of the injury and agree the medical intervention required. For example, following a fall of a person living with dementia, staff completed the assessment with the emergency call handler and when the paramedic attended to completed a further assessment at home which indicated further medical investigations would be required. The service understood that it would be very distressing for this person to leave home to go to hospital and worked creatively with the emergency services to ensure this person could be cared for at home. This included liaising with the GP to complete the required assessment and the service provided additional overnight support to ensure the person would be observed for 24 hours following their fall as required by the find emergency services. Working creatively with emergency services enabled people to remain at home and receive care in a known and safe environment.

People received care and support which was personalised and responsive to their needs. Care plans and assessments contained detailed and specific information about people's needs and how they liked to receive their care and support for staff reference. Care plans reflected people's individual wishes and needs. One person's care plan stated "during longer visits I would like the opportunity to go outside, stretch my legs and get some fresh air." Staff confirmed this had been achieved at the person's request. Other information about people was available for staff under headings such as "What is important to me". "Living arrangements" and "How I like to live my life". Staff told us personalised care meant providing care, "bespoke to each person" and "everybody's care plan is set out specifically to their needs".

The service supported people to express their views about their care and support. Since our previous inspection seven complaints had been received, these had been thoroughly investigated with a response given to the complainant and remedial actions taken to avoid future issues. For example actions to care and support a person were updated as a result of the findings of one complaint. Information about how to make

a complaint was provided to people using the service and their representatives in the provider's customer guide.

The provider had acted on concerns raised by one person and had made adjustments to their office layout to enable the person to visit the office comfortably and discuss any concerns on a regular basis. The provider told us the person visits on a regular basis to make changes to their care plan. The person also gave a presentation to the team supporting them about their life, experiences and what they hoped for in the future. This was then incorporated into their care plan. One reported outcome from this was staff were serving longer in post and so were able to provide better continuity of care. In addition the person was able to focus more on their goals in life than day to day issues. With this new focus, the service had supported the person to take a hot air balloon flight and to visit the seaside and attend a clairvoyant evening.

Good

Is the service well-led?

Our findings

Bluebird Care (Stroud and Cirencester) had a registered manager in post. 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 aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

We heard positive comments about how the service was managed. A relative of a person commented, "It runs so well" A member of staff described the registered manager as "marvellous". Staff told us the management of the service were approachable, "You feel you can talk to them about anything". Staff were supported outside of normal office hours by an on-call system from management and senior staff. Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. The Provider information return (PIR) stated "By ensuring staff, customers and outside agencies are listened to, taken seriously, follow up actions can be agreed and completed contributing to a positive and progressive culture". The care coordinator had won a national award from the franchisor in 2016 as team member of the year.

The vision and values of the service included investing in the staff teams as well as investing in quality and the use of suitable technology to support the delivery of the service. The registered manager described one of the current challenges as adapting to the growth of the business and meeting the needs and expectations of people using the service and staff. The registered manger provider ensured they kept up to date with current practice through training, best practice guidance and links with commissioners and support from the franchisor. They also met with the registered manager of another local branch of Bluebird Care. A number of community events had been held to promote the service in conjunction with the promotion of the general wellbeing of older people.

The views of people using the service, their representatives and staff were important to drive improvements in the service provided. Outcomes from a customer satisfaction survey in 2017 had resulted in an action plan with proposed improvements to areas such as ensuring all people using the service knew how to make a complaint and reviews of some people's care plans. A similar exercise had been carried out for staff with an action plan produced. People benefitted from checks to ensure a consistent service was being provided The Bluebird Care franchisor also monitored the quality of the service delivered to ensure they maintained the quality of care and support expected with the most recent audit carried out in June 2017. Other audits were carried out by the provider on people's care plan files, staff files and medicines. Action plans produced described who was responsible for taking action and a completion date.