Bayford New Horizons Limited

Bluebird Care (Sussex Weald)

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

The inspection took place on the 19 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Bluebird Care (Sussex Weald) is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides a service to adults. Not everyone using the service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.
On the day of the inspection the service was supporting 72 people with a range of health and social care needs, such as people with a physical disability and people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

At the last inspection on 13 January 2016, the service was rated as good in the areas of Safe, Effective, Caring, Responsive and Well-led. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and 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.

Systems remained in place to protect people from abuse and staff received training in their responsibilities to safeguard people. Risks relating to people's care were reduced as the provider assessed and managed risks effectively.

People's medicines were managed safely by staff. People remained supported by staff who the provider checked were suitable to work with them. In addition, there were enough staff to care for people.

People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs.

People continued to receive care in line with the Mental Capacity Act 2005 and staff received training on the Act to help them understand their responsibilities in relation to it.

Staff understood people's needs and preferences and people were encouraged to maintain their independence. Staff maintained people's dignity and treated them with respect. People were encouraged to maintain relationships with those who were important to them.

People's needs and preferences continued to be assessed. People's care plans were sufficiently detailed to Inform staff about people's needs and to guide staff in caring for them. People's care was planned and delivered in response to their needs.

Staff remained kind and caring and had developed good relationships with people. People told us they were comfortable in the presence of staff.

People were informed of how to complain and the provider responded to complaints appropriately. The provider communicated openly with people and staff. Staff worked closely with professionals such as social workers and district nurses.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. People and relatives all told us that they were happy with the service provided and the way it was managed.

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? 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 (Sussex Weald)

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 on the 19 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with eleven people and four relatives over the telephone. Four care staff, the co-ordinator, a supervisor, the registered manager, operations director and the provider. We observed the staff working in the office dealing with issues and speaking with people over the telephone. After the inspection we contacted five health and social care professionals to gather their feedback and we received two responses.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, five staff training, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on the 13 January 2016 and was awarded the rating of Good. At this inspection the service remains Good.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe using the service. Comments from people included "The carers are full of confidence and this makes me feel safe" and "Yes I feel safe. I could always change provider if I didn't feel safe. This provider came on a personal recommendation".

Staff continued to have a good understanding of safeguarding people, they had undertaken training in this area and attended regular updates. They could confidently identify various types of abuse and knew what to do if they witnessed any concerns or incidents. There were detailed safeguarding adult's policies and procedures. These were easily accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. One member of staff told us of the many forms of abuse and said, "Even if someone has a pressure sore, this could be a sign of neglect and I would report this".

A robust recruitment and selection process remained in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps providers to make safer recruitment decisions and prevent unsuitable staff being employed.

Enough skilled and experienced staff remained to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staff received their rotas and any changes securely on a smart phone which enabled them to have up to date information on people and their call times.

Staff continued to take appropriate action following any accidents and incidents to ensure people's safety and this was recorded in the accident and incident documents. We saw specific details documented and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared with staff. The registered manager analysed this information for any trends.

People were protected by the prevention of infection. Staff had a good understanding in this area and had attended training. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks.

People's care and support plans held detailed risk assessments. These had identified hazards and how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. These considered areas such as whether there was a risk of a trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. For example, one care plan detailed that a person required assistance with a hoist. It advised how two staff needed to make sure the person was encouraged and supported to use the aid in a safe manner. This meant that risks to individuals remained identified and managed so staff

could provide care in a safe environment.

People remained supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Detailed medicine risk assessments were completed to assess the level of support people required. Audits of the electronic medicine administration records (MAR) were undertaken to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend further training if required.

Good

Is the service effective?

Our findings

People and relatives remained confident in the skills of the staff. They felt they were trained well and staff had been well matched to people's needs. One person told us "Staff are very efficient they document everything they do on their I-pads (smart phones)".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. People's needs were recorded in care plans and staff we spoke to knew the needs of each person well. Staff also attended equality and diversity training. People using the service also commented on how well their individual needs were met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff held good knowledge in this area and could clearly demonstrate how people had choices on how they would like to be cared for because staff had received training in this area. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves.

Staff received continued support to understand their roles and responsibilities through supervision. These consisted of individual face to face and telephone meetings where they could discuss any concerns, training and development.

Staff continued to take a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed their training on induction and updates in a classroom setting or online. One member of staff told us "I was lucky my induction week was delivered on a one to one basis by the manager. Shadowing really helped. I picked up certain techniques and ways of doing things from other carers that was very helpful".

Staff remained supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. Staff were knowledgeable about people's preferences and dietary requirements and gave good examples of how they needed to remind and encourage some people to eat and drink sufficiently. For example, in one person's care plan it detailed for staff to support the person and steps to take to encourage them.

People remained supported to access and attend routine health care appointments such as visits to the GP. Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. One person told us "They also notice if I am becoming unwell including swelling in my legs and this makes me feel safe". The registered manager also gave us examples of how good professional relationships had been built up through regular contact with health professionals such as GP's and district nurses.

Good

Is the service caring?

Our findings

People continued to benefit from staff who were kind and caring in their approach. Comments from people included "Very friendly, caring and kind", "I love them even the new ones" and "They have been so caring and helpful and I can now cope with life and my daily functioning has improved". A health professional told us "Bluebird Care workers, from the management to their carer's, are caring, and my staff report that they assist them to provide safe and effective care".

Staff spoke with great care and affection in their approach towards people. They gave many examples of how over time, rapport had built up with people and how they got to know them personally to enable to give person centred care. One member of staff told us ""We try as a company to ensure things go as smoothly as possible. We try hard to provide good care and continuity".

People's differences remained to be respected and staff adapted their approach to meet people's needs and preferences. Diversity was respected with regard to people's religion and care plans detailed this. A member of staff gave us an example of how they respected a person wishes due to their religion. People remained supported to live their lives in the way they wanted.

Staff told us how they promoted people's independence and gave examples of this. One member of staff said "I will give people a choice, if I wash them, I will place a towel on their lower half. I will give them an indication of what I'm about to do to prepare them and so they are involved". Wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy.

People and relatives told us they could express their views and were involved in making decisions about people's care and treatment. They confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. They also complimented the technology and ease of staff being able to use smart phones to record care tasks and have access to up to date information.

People had been supported to maintain links with their family and friends. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager was aware of who they could contact if people needed this support

Good

Is the service responsive?

Our findings

Staff remained knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service. One person told us "I like this company because the staff get to know me and the way I do things. They help with my daily routine, shower, breakfast. They instinctively know what I like".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the providers policy. Complaints had been recorded with details of action taken and any outcomes required. The registered manager told us she welcomed any concerns and complaints so they could know where improvement was needed. They said "We always ensure people know how to raise any concern or complaint and at our last meeting with people we reminded people of the process and how we welcome any comments".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records remained clear and held on the office computer and staff's smart phones. They gave details of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to safely move a person. This included using a hoist to safely move a person and detailed the colours of the straps for the sling to ensure it was completed correctly and to aid the person's mobility. It also detailed how staff monitored pressure areas on the person's body and to report any signs of skin damage to the office immediately.

Staff told us there was usually enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service. They explained how the service was flexible to people's needs if required.

Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. The registered manager told us this could include large print and told us "One person has their call rota sent on email as they find this easier to read and can enlarge it on their screen".

Where appropriate and required people's end of life requirements and wishes where discussed with people, relatives and professionals. These had been documented in people's care plans to ensure staff were aware of their needs and wishes for the future. The registered manager showed passion in this area and told us how they had recently completed a train the trainer course. They spoke about their plans to improve end of life care planning and training for their staff.

Good

Is the service well-led?

Our findings

People and care staff told us that they were happy with the way the service was managed and stated that the registered manager remained approachable and professional. They also told us that they felt confident ringing the office and were always treated with respect and courtesy. One person told us "I like the way they use modern technology. I consider this to be an example of being well-led. Another person said, "Yes well led, I had the managers and office staff to visit for specific training needs, this gave a personal approach to my care needs". A health professional told us "The team at Bluebird have always been professional, approachable and deal with any enquiries in a timely fashion".

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. There was a clear management structure with identified leadership roles. The registered manager was supported by senior care staff. Care staff told us they continued to be well supported.

The registered manager had maintained systems to monitor the quality of the service. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervisions ensured that the care staff understood the values and expectations of the provider. Staff meetings were held and had been used to keep care staff up-to-date with developments in the service.

The atmosphere in the office remained friendly and professional. Staff could speak to the registered manager when needed, who in turn was supportive. The registered manager and management team had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the registered manager.

With the time we spent with the registered manager on the inspection it was evident they were knowledgeable about all aspects of the service. We found them to be well-informed about people's needs. The registered manager could tell us knowledgeably about the support people were receiving and was equally familiar with important operational aspects of the service and how they were always looking to improve the service. One area they spoke of was improving welfare and support for staff with issues in and out of work and how they were attending courses to support this.

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They spoke of positive partnership working where they had worked closely with external health care professionals such as GP's and District Nurses when required. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way and had sought guidance and advice when required. This meant we could check that appropriate action had been

taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.