

## 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 

### Overall summary

The inspection took place on the 13 January 2016 and was announced. Forty eight hour's notice of the inspection was given to ensure that the people we needed to speak to were available in the office.

Bluebird Care Sussex Weald is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 93 people were receiving a personal care service.

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 experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel very safe with the carers, they are very friendly and I feel comfortable with them".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to

# Summary of findings

take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice where needed.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

# Summary of findings

## 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 was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Good



### Is the service caring?

The service was caring.

People who used the service told us the care staff were caring and friendly.

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

People's privacy and dignity were respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good



### Is the service well-led?

The service was well-led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



# Summary of findings

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

# 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 13 January 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in the office to speak with us.

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

The provider had completed 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.

Before the inspection we checked the information that we held about the service and the service provider. This

included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with thirteen people and five relatives who use the service, five care staff, co-ordinator, administrator, two supervisors the registered manager and the operations director. We observed staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, electronic medicine administration records (E-MAR), six staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 3 June 2015 with no concerns and rated as Good.

# Is the service safe?

## Our findings

People and relatives told us they felt safe using the service. One person told us “I feel safe and comfortable, the staff are very nice and I have full control over what I need and what care I receive”. Another person told us “I feel very safe with the carers, they are very friendly and I feel comfortable with them”. A relative told us “I am pleased with the care, my mother is very safe with them, and they know what they are doing”.

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse. They gave us examples of poor or abusive care to look out for and were able to talk about the steps they would take to respond to it. One member of staff told us “You need to be sure people are safe and if we think any form abuse is taking place we would report straight away to our manager with no problem”. Staff training records confirmed that all staff had completed training on safeguarding adults from abuse. The contact details for people to report concerns externally were made available to staff in the office. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. The registered manager told us there were opportunities for staff to discuss any concerns at meetings or on a one to one basis. Policies and procedures on safeguarding were available for staff to refer to if needed.

We saw the service had skilled and experienced staff 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. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The registered manager told us “Recruitment of staff is ongoing, we have just employed extra care staff who are currently going through their induction and training period”.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the

provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people’s homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimised. These included for staff to ensure clear pathways around the home. In one care plan it detailed the risk of a person choking. It detailed staff to ensure the person was given enough time to chew and swallow when supporting them and to ensure the person had a straw with all their drinks. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff described a situation when a person they were supporting had a fall. They showed good knowledge on how to manage the incident safely and told us how they dealt with the emergency services, informing the office and the person’s family.

To ensure staff arrived safely at a person’s home and the person received the care they required, staff logged into an electronic monitoring system. The member of staff scanned an electronic tag on a person’s care plan when they arrived at a person’s home and also when they left. This was linked to a computer system at the office where all visits were logged and monitored throughout the day to ensure calls had taken place correctly. The registered manager told us that if the system showed a member of staff had not logged in or out correctly they would contact them or the person to ensure their safety. The majority of people felt the calls were made on time. They told us if there were any delays the service contacted them to inform them.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the electronic medication administration records (E-MAR) on their smart phones in people’s homes and the process they would undertake. Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were

## Is the service safe?

found to be comprehensive to ensure staff were safely administering or prompting medicines. Audits on electronic medicine administration records (E-MAR) were completed daily on the computer system in the office that was linked to the staff's smart phones. This ensured they had been completed correctly that day. Any errors or concerns were investigated the same day and discussed with the member of staff. One member of staff told us "The new electronic system is great. You can see instantly if

medication has been administered and if not the reason why. You can also update the person's medicines very easily of the system which will then upload to the smart phones so all staff are aware".

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident recorded. Any subsequent action was also updated on the person's care plan.

# Is the service effective?

## Our findings

People and relatives felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. One person told us “My regular carer is extremely capable and well trained”. One relative told us “They appear to be well trained, and they have been very clever at matching our regular carer’s ability to deal with my relative’s complex needs”.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) 2005 because they had received training in this area. People were given choices in the way they wanted to be cared for. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. Staff told us they always gained consent and gave choice’s to people. One member of staff told us “You have to respect people’s choices and gain their consent before starting any care for them”. As a reminder for staff there were key details and hints and tips displayed in the training room at the office around the MCA. Staff told us the guidelines were useful.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medicines. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us “My induction started with a day in the office with detailed verbal and written information about legal requirements of the job, and Bluebird’s company specific expectations and policies. Then I had three days intensive training with one other new staff member and the registered manager. Later on I completed three days shadowing, I was then asked if I felt ready to go out alone or I could have had further

shadowing if I wanted. All my first care calls were to people I had already visited while shadowing. The time allowed on visits had proved appropriate to people’s needs and for me to provide care without rushing”. We were also told the service offered qualifications in care to its staff. The registered manager told us of additional and updated training they were working on for all staff. This included a recent increase to a member of staff’s induction days to over four days which included basic life support and further training in dementia awareness. This meant people were cared for by skilled staff trained to meet their care needs.

The registered manager told us how they had introduced the new Skills for Care care certificate for all of the staff. The certificate sets the standard for health care support workers and adult social care workers. It developed and demonstrated key skills, knowledge, values and behaviours to enable staff to provide high quality care. This had been incorporated into the induction for staff and also to an online system for staff to access. The provider had recently introduced a ‘career compass’ for care staff and management. This included various levels of development opportunities which included a member of staff becoming a mentor for new staff joining the service or becoming a specialist in an area of choice to progress within the service. The registered manager and supervisors had recently gained a qualification in train the trainer in dementia and had organised extra training sessions for all of their staff.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and identified any development needs. Staff had contact regularly with the registered manager and supervisors in the office, via a phone call or out in the field. This ensured staff received support and guidance about their work and discussed training and development needs. Staff also received spot checks when working in a person’s home. This ensured that the quality of care being delivered was in line with best practice and reflected the person’s care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff told us they found these to be beneficial.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or people themselves and staff were required to reheat and ensure meals were accessible to people. People’s



## Is the service effective?

nutritional preferences were detailed in their care plans. In one person's care plan it detailed their dislike of spices and herbs so staff were aware and how the person liked a glass of water with their cup of coffee. One member of staff gave an example of one person who required pureed food. They told us "The care plan describes the consistency of the food and has information about the person's preferences for food and presentation".

We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring and listened to their opinions and choices. One person told us “The staff are very caring, in fact they just think care”.

Another person told us “Staff are all very caring, everyone has been bright, smiling and attentive”. A relative told us “They give the quality of care that you can’t teach. They have done everything we have asked of them”. One health professional told us “The staff are kind, caring and professional. The safety of the patient was a priority at all times, if they had any concerns about the patient’s welfare they contacted myself or my manager”.

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One person told us how the registered manager had been to see them recently, at this time they talked about their care plan and checked the new equipment that had been recently installed.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. One person told us “It’s very hard when you are faced with a condition such as mine. The care I am receiving from Bluebird has gone a long way to ease my situation. They certainly respect my dignity and privacy, which was my main

concern, and of which I am so relieved”. Another person told us “They certainly respect me, and my dignity, which was one of my main worries, and I am so relieved about this”.

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. In one care plan it stated that a person who was independent when taking a shower requested staff stay nearby if they needed some assistance. One person told us “They have helped me to maintain some independence, they are flexible towards my needs, and able to accommodate most of what I ask for”. Another person told us “They are very intuitive towards my needs and they really encourage me to maintain my independence”.

We observed one member of staff that talked on the telephone in the office to a person who sounded to be confused. The member of staff spoke calmly and slowly to ensure the person understood what they were saying. The member of staff calmed the person down and showed a very caring attitude towards the situation. They showed patience with the person on the telephone and offered further assistance if the person required this.

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 one person. Staff rotas were sent electronically to their smart phones with key information. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us “Staff are very proactive, they have researched my condition, and they ask me questions and work in a way that is appropriate to my needs”. Another person told us “I am well pleased they do a lot for me and more besides”.

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 were easy to access, clear and gave descriptions 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 how staff should encourage the person to aid their 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. In another person’s care plan it detailed their preferences which included using colour coded flannels for different areas of the body when assisting with washing. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. One member of staff told us how they supported people with their interests which included taking one person swimming regularly.

There were three copies of a care plan, one in the office, one in the person’s home and an electronic copy on the staff’s smart phone. We found details recorded were consistent. Care plans were detailed enough for a carer to

understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible. A new member of staff told us “I love the phone system, I could never have picked up the job so quickly without it.” They found the information in care plans to be accurate. They said “The whole care plan is there, it lists all we have to do, all the medicines they take and all their emergency contacts. When visiting someone new I always get information from the office by phone or visiting beforehand, as well as reading the care plan on the phone”.

Care staff told us they did not always have enough travel time between visits to people. One staff member explained to us how they asked for more time between some care calls due to traffic issues, and it was arranged quickly. We spoke with the member of staff who completed the staff rotas and discussed this with them. They told us they were looking to ensure staff had sufficient time to travel in between calls. They regularly received feedback from care staff on what travel times they required. We were told “I am learning all the areas we cover and although the system can work out travel times from postcodes, I have created maps to work out the travel times between people’s addresses. This also helps when I schedule so staff have care calls in close locations to one another to reduce travel time”.

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 policy. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed. One member of staff felt people were well informed on how to contact the office about any concerns or wishes for change and the service was responsive to these requests.

# Is the service well-led?

## Our findings

People and relatives told us they were happy with the management of the service. One person told us “I sent a letter of compliment to the company it is well managed and would certainly recommend them to friends”. One health professional told us “We have worked with the company for a number of years and find them to be a friendly and professional service to talk to over the phone. The staff are polite and always helpful and will do their best to arrange care for someone. We sometimes receive feedback from our clients which has generally been good and they are happy with the service provided”.

The atmosphere in the office was friendly and professional. Staff were able to speak to the registered manager when needed, who in turn was supportive. The registered manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the registered manager. One told us “My manager is approachable and I can go to her and discuss any issue and she will always listen and help out”. Another member of staff told us “There is a great support network and a good provider who are always available”.

Feedback from people and relatives had been sought via an annual survey. Comments from a recent survey included a person who expressed a preference for female staff that had been addressed. Another comment included a person who said how happy they were with a named member of staff and how they were a credit to the provider.

The registered manager assured themselves they were delivering a quality service by the use of checks and carried out internal quality audits on the service monthly. The audits covered areas such as complaints, staff records and care records. They highlighted areas needed for improvement. Findings were sent to the provider and ways to drive improvement discussed. The manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

We spoke with the registered manager and operations director who told us that they had looked into improving the service and how they had launched their new “Pass System”. This system computerised care plans and also audited real time issues. Staff who created the care plans with people recorded all the information about the person on a computer tablet. The information was then sent to a

main database. Care staff were able to access this information on a smart phone which contained all the details about that person and their care and support plan. The staff were able to log in and out of their care call on their smart phone so the office staff could see that they have arrived safely at the call and the person had received their care call. A member of staff monitored the systems from the office and they were able to see if a person had received their call and investigate any errors straight away.

Staff we spoke with were positive about the new system and saw it as an improvement for everyone. One member of staff told us “What I like is that before I get to a new customer, I already have good information. The care plans are all updated on our phones, it is a really good system and is able to be updated at once”. We were also told how the provider was currently working on improving the new system by creating a family application. This would be an application to enable families to securely sign into on a computer or smart phone and see how their relative was and if they had received their care call and details around their well-being.

The registered manager told us about the on-call rota that was implemented weekly. In this, a member of the office staff had a mobile phone out of office opening hours. This ensured a member of staff was available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us how they could always get hold of someone if they needed to and felt supported out in the field.

The registered manager showed passion about the service and talked about ways of improving it further. We were told about how the staff worked closely with health care professionals such as GP's and district nurses when required. The registered manager had also sought specialist training and told us about a person who lived with Motor Neurone Disease (MND). This is a progressive disease that attacks the motor neurones, or nerves, in the brain and spinal cord, which means messages gradually stop reaching muscles, which leads to weakness and wasting. They had been working closely with The Motor Neurone Disease Association to provide support for staff to enable them to have a greater understanding on how to support people with this disease. The registered manager told us “We are always looking to work with health professionals for guidance and support and ensure staff are knowledgeable and confident when caring for people”.