

Safe and Sound Wiltshire LLP

Bluebird Care (Wiltshire North)

Inspection report

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14 July 2016

15 July 2016

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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 13 14 and 15 July 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was to ensure that people who used the service were available to meet with us. It was also so that the registered manager and staff could be available. This was the first inspection of the service since it was registered with us in 2014.

Bluebird Care Wiltshire are registered to provide a domiciliary care service to adults in their own homes.

There was a registered manager for the service. 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.

People spoke highly about all of the staff who visited and said they always felt safe in their company. They told us staff were kind and caring in their approach. People also said they were able to engage with staff in a positive and good-humoured way which they valued.

There were systems in place to minimise risks to people and to keep them safe from abuse. Staff knew what abuse was and they were also aware of how to report any concerns if they had them.

People spoke very positively about the care and support they received from the staff. Examples of comments people told us were, "They do what I ask in the way I want them to do it and we get on very well", "They come on time within reason" and, "They do well, and my keyworker has a heart of gold id be lost without her."

People were being supported with their care needs by staff who were being properly supported and supervised in their work. People also benefited because the staff were given plenty of training and guidance to understand their needs and provide effective care.

Care records were informative and clearly showed how to effectively assist people so that their care needs

were met. Care was planned in a way that was flexible for people. Visit times to people were arranged as much as possible for their convenience .

People knew and felt comfortable to make complaints or raise concerns about the services the agency provided.

There was a system in place to regularly monitor the quality of care and service. When it was needed, actions were put in place to improve quality of the care and service people received.

People who used the service and the staff thought highly of the registered manager and the organisation. The staff team understood the visions and values of the organisation and said they followed them in their work. The values included a high priority on ensuring that people were always provided with personalised care. This was to ensure people were treated as unique individuals.

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 was safe.

There was enough staff to ensure that visits to people were of enough time to provide safe care.

People were supported to take their medicines when they needed them. They were helped to manage their medicines safely.

People received care and support from staff who knew how to protect them from abuse.

The provider had a safe system in place to recruit safe and suitable staff.

Is the service effective?

Good ●

The service was effective.

People felt the staff provided care that was of a high standard that properly met their range of needs.

Staff were well trained and supported so that they were able to provide effective care for people.

People were supported by staff who understood the legal requirements of the Mental Capacity Act 2005. Staff knew how this impacted on people who did not have the capacity to make decisions in their daily life.

Is the service caring?

Good ●

The service was caring.

People felt that the staff were caring kind and supportive in their approach towards them.

Staff knew how to support people with their range of needs in a respectful and caring way.

The staff team knew people well and how to meet their needs in the ways they preferred.

Is the service responsive?

Good ●

The service was responsive

People spoke positively of the service and the flexible way they felt they were supported with their care.

Peoples care records clearly explained how to support people to meet their care needs.

There were systems in place to seek the views of people. This information was used to improve the service. People knew how to make a complaint or raise a concern.

Is the service well-led?

Good ●

The service was well led

The organisations visions and values were followed by the staff team. These included providing person centred care. This meant staff ensured people were treated as unique individuals.

The quality of care and service people received was properly monitored to make sure it was suitable. People were involved in this process and the feedback they gave was positive.

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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.

This inspection took place on 13,14 and 15 July 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

One inspector carried out the inspection. During the inspection, we spoke with eight people who used the service and four relatives. We also spoke with six members of staff and the registered manager.

We looked at three people's care records and looked at records that related to how the service was managed.



Our findings

Every person we spoke with knew what to do if unhappy in any way about a member of staff. People told us they could contact the manager or any of the senior staff. People also said they had never had any reason to do this. They told us staff were always respectful, and they had never had a problem with any of the staff. Examples of comments that people made included "The staff are very good , they wear their gloves and aprons" "If there is a problem I phone the office and its sorted " and "I have a carer with me for safety sake when I get up and go to bed and they do exactly what I ask. "

People were supported by staff who knew how to keep them safe from abuse. The staff knew about the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was available to them in the event of an allegation of abuse being made.

There was copy of a procedure and other relevant information to guide and assist staff to know how to keep people safe from abuse. Information in training records confirmed staff had been on training courses to learn more about the subject of safeguarding people from abuse.

The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date with contact details for the organisations people would use if they needed to report concerns.

The registered manager and staff kept a record of incidents and occurrences that had happened. Staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone after they had experienced a number of falls.

The people we spoke with told us they felt there was enough staff to support them. The staff also told us there was enough staff on duty to provide safe care. The registered manager told us that they tried to use the same staff who worked for the provider if cover was needed. This was to ensure people were supported by staff who they knew.

The registered manager and the staff said that the numbers of staff and the times of visits to meet the care needs of people were increased whenever it was required. They told us how staffing numbers and visit times were adjusted when people were unwell and needed extra support. There was an online system that

the registered manager used to ensure visits were planned properly. This helped to work out the staff hours and numbers needed. These were calculated based on people's needs and the type of care and support that they required.

A range of checks were carried out to find out if potential new staff were suitable to work for the agency. These were completed before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were recruited.

People were supported to look after their own medicines safely and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out. Staff went on regular training to ensure they understood how to support people with their medicines safely.

There were checking systems in place to monitor the safety and suitability of the service. Health and safety risks were identified and suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing, action was taken to ensure there were no trip hazards and staff knew how to ensure people were safe.



Our findings

Every person we spoke with had positive views of the way that they were supported by staff with their care needs. Examples of the comments people made included "Bluebird have done really well with me", "Some of them are absolutely excellent, some of them are not too bad", "We have been let down by other agencies Bluebird stepped in and we have been very impressed by them" and "They are marvellous."

People were assisted with their personal care by staff who understood how to provide them with effective support. The staff we spoke with had an understanding of how to effectively support the people they visited. The staff told us they read each person's care records before they first visited them. They also said they were told by the manager and senior staff when it had been updated if a person's needs had changed. The people we spoke with said that when they had started using the services of the agency, the manager had met with them. This was to work out with them what sort of care they would like to receive.

The registered manager and the staff told us that everyone they currently supported had mental capacity. The staff demonstrated they knew about the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they were able to see their GP if they were concerned about their health. The action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed.

People were supported to eat nutritious food and drink that they enjoyed. Some people we spoke with said the staff helped them to prepare and cook their own food. Staff told us they sometimes helped people who required special diets by going shopping for them for the food they needed available. Information in care records explained how to support people with their nutritional needs. The staff team had been on a training course to help them support people effectively with their nutritional needs. A healthcare specialist was supporting one person with specific nutritional needs.

The staff told us there was always someone they could contact if they needed guidance and support. They also told us there was an out of hour's telephone number they could use. This was to be able to speak to someone for support and advice. Staff told us that regular spot checks were carried out on them when they were at someone's home. This was to check on how they were supporting people. This was to ensure they

provided suitable care for them. The registered manager and a senior care worker told us the aim of a spot check was to ensure people were assisted with their needs in a professional and suitable way. Supervision records showed that staff were supported and guided in their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

Staff were positive in their views of the training opportunities they were able to go on to help them to support people effectively. They said that they had attended training in subjects relevant to the needs of people they supported. The training records showed that staff had gone on training in a variety of relevant subjects. The subjects included staff had received training in included food hygiene, first aid, infection control and medicines management, care of older people, dementia care and general health and safety.

New staff were being well supported and properly trained when they began work. There was an induction-training programme for all new employees. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that the registered manager had ensured staff had received proper training before they began work with people in their homes.



Our findings

Feedback from people who used the service was universally positive. In particular, the majority of people spoke positively about the care staff they met. Comments included "It's the thoughtfulness of my carer she has a heart of gold", "As far as I am concerned they are all very nice they are like friends", and "They are happy go lucky and they do what they have got to do". One relative said, "The carer looks after my relative's needs it's her buoyant attitude she has made all the difference by her whole attitude".

People said they felt the staff knew them well, and that the staff were kind and caring. One person said, "The staff are good they are kind" another comment was "They have all been very kind to us". They said staff were respectful, for example, one person said "As far as I am concerned they are all very polite."

People said they had been involved with their care plan before they started using the service. One person said, "They came and saw us and when my relative was in hospital to talk through what we needed it was very reassuring".

Every person we spoke told us that staff who visited them were always respectful in their approach to them. People said they assisted them in the way they wanted to be supported with their care needs. Care records showed people had helped to plan what sort of care and support they received. For example, what time their visit took place and what gender of staff they wanted to have support them.

The manager and the staff told us that new staff were taught about the idea of person-centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was discussed at team meetings and during their one to one supervision meetings. The staff gave us examples of how they ensured they provided care in this way. One staff member said, "You treat everyone differently, one person may like you to make their breakfast for them and another person wants to do it themselves". Staff knew the people that they visited very well and spoke positively about how much they enjoyed their work. Comments from staff included, "We get enough time to do everything we have to do there is no pressure ", and "I love my job".

The staff said that information about independent advocacy services could be made available for people if needed. These services provide independent support to people to make sure their views properly represented. The diversity of people was respected by staff as care records included information about people's faith where they had religious beliefs. Care records also included information that explained why

people would prefer care from staff of the same gender.



Our findings

Everybody we spoke with said they saw a team of care staff and they usually knew who was due to visit them. They said, "They were very responsive when I needed more support" and "it is very good for reliability" and "They provide continuity we were impressed with them when they stepped in with us after other agency's let us down."

Care plans were person centred and contained information for staff on people's personal preferences. Care records also explained how to support people to keep independence in their lives and stay in their own home. The support records also made people aware of the potential risks to their health deteriorating and the sort of support they would expect from staff to protect them from risk. For example, one person who was at risk of falling after showering had a care plan in place to ensure that staff knew how to support them.

The staff and people we spoke with explained that the level of care they received was dependant on their personal needs. For example, some people said staff helped them with personal hygiene, some only needed help with their medication. One person said, "I find I can ring them up and let them know if I don't feel I need them." Care records also showed that people changed the type of care that they requested depending on how they were feeling and any other practical reasons. People who used the service were provided with emergency pendants. All of the people we met were wearing their pendant, and all said they had used it in the past. All of them said that when they used their pendant, staff responded quickly and dealt with the issue or query.

Care records also included what people hoped to achieve and what to do to support them. The care records showed people were able to make their views known about how they wanted to be supported. People told us they were involved in the reviews of their care and changes were made to their care as their needs changed.

Staff explained to us the different care needs of the people they supported and how they preferred to be approached by staff. The care records contained people's preferences such as; working towards having goals like managing medicines, improving mobility, and eating more to gain weight. A detailed summary of the care plan was shared with the person who it was about. The care records explained how to support people and what challenges to their wellbeing they may face.

Everyone we spoke with said that they felt confident they could make a complaint to the registered manager or any of the staff. There had been no complaints made about the service. However, people told us they

would not hesitate to complain if they were unhappy in anyway.

People told us they were given their own copy of provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

People told us they had been given information about the services the agency provided. This was to help them decide if they felt it was suitable for their needs. The information people were given was clear and it fully explained in detail the services the agency offered. This information meant people were able to make an informed choice about whether the agency was suitable for their needs.

Surveys were sent to people at least once a year. The last survey had been positive, some people said the service was not always prompt and carers were often very late. The registered manager had written an action plan to address this. We saw that they aimed to ensure visits were planned to people in a way that meant they were more reliable and aimed to be on time. People told us that the manager came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the manager and other staff based in the office listened to them and took their views seriously. For example staff name badges had recently been introduced that were in large font. This was so that people whose vision was impaired were easily able to read them.



Our findings

Staff approached the registered manager throughout our visit. Every time staff wanted to speak with them, they made plenty of time to be available for them and were warm, and friendly in manner. This showed there registered manager was open in their approach with the staff. All staff were invited to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager.

People were asked in the survey if they had any complaints about the service. Where people had raised concerns in the survey we saw detailed actions were taken by the registered manager to address them. The latest responses from people during 2015 was positive. There were many comments praising the helpful attitude of the staff and the management.

The registered manager told us they kept up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care . They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

The registered manager carried out their own regular quality checks on the services. We saw that they had recently audited the care records of people who used the services. We saw that where actions were need this had been clearly identified by the registered manager. People also told us that the registered manager often visited them and asked them for feedback about the staff and the overall service.

Health and safety audits and quality checks on the care people received were undertaken regularly in their home. Actions were implemented where risks and improvements were needed. For example, an assessment of bathroom and kitchens and electrical items in the homes of people who used the service were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

The service had an online system used to track the times staff arrived at people's homes and how long they spent with each person. The registered manager told us that they found the monitoring system very useful

as it allowed them to track if people's visits were completed in the allocated time.

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