

Benjamin Partnership Limited

Bluebird Care (Worcester & Wychavon)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 27 June 2018. At our last inspection of the service was carried out in January 2016. At that inspection we rated the service overall Good. At this inspection the service remained rated as Good overall because they continued to focus on individual needs of the people using the service. The service ensured that everyone received, high quality, care regardless of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstance.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. The franchise operates over two hundred locations across the United Kingdom.

This service is a domiciliary care agency. It provides support for people living with dementia, older people, physical disabilities care and sensory impairment. At the time of our inspection 67 people were receiving support from the service.

The service provides two main types of support to people in the community. The first one is for short visits to provide personal care or domestic support. The second service is to provide a 24-hour package of care with a core staff team supporting a person in their own home.

There was a registered manager in place at the time of our inspection. 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's care was delivered safely. Care staff protected people from the risk of potential abuse and understood the potential signs to report. People's safety had been assessed and reviewed and their individual risks recorded. The plans showed care staff the steps needed to reduce a person's risks and prevent risk of harm or injury. People who had support with their medicines had them administered when needed, by staff that were trained and competent to do so.

The provider offered training linked to people's needs and care staff were knowledgeable about their roles and responsibilities. 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 told us they arranged their own healthcare appointments and that care staff were helpful in providing reminders of appointments.

People received care in their home from care staff they knew very well and had formed positive relationships with. Staff had taken the time and developed respectful relationships with people and were very kind and caring in their approach which was reflected in people's feedback on their care.

People were involved about planning and changing their care which had been recorded in their care plans. The management team regularly reviewing these alongside people's requests and were updated when needed. People knew how to contact the office and were confident to in how to make a complaint should they wish to.

The registered manager told us they kept their knowledge current and provided staff with input and direction about the levels of care they expected with regular meetings and supervisions. The management team monitored the quality of the care that people received, that included reviewing records and observing staff practices.

The provider, registered managers and staff put people at the forefront of everything they did. The provider created an ethos and culture of individualised and person-centred care. The care staff knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs. The staff ensured people were always treated with kindness and were listened to. The feedback we received from people being supported, their relatives and care staff was positive.

Care staff supported people and were encouraged by the provider to do so. People's privacy and dignity was continually supported to ensure they were as independent as possible in all aspects of their lives. People's care needs were attended to at times they asked for in a gentle and unhurried way by consistent care staff they knew very well. People received care that that supported their independence and were able to direct staff on each call to receive a personalised service.

The provider set high expectations for the service and had taken extra care to ensure that their systems to monitor the quality and safety of the service demonstrated the good care people received. The provider acted on people's views and regularly consulted with them about how to improve and all staff were respectful of people's human rights. People experiences of their care were important and valued by a caring leadership team which promoted an open culture.

The registered manager and the provider had clear visions, values about how they delivered good quality care to people, which were known and demonstrated by the whole staff team. This showed in the way they spoke about people. The management team felt it was important that they were approachable and visible which helped them monitor and maintain a service which people and relatives liked. The management supported and listened to staff at all levels to improve the quality of service and acted on them about how to improve. People reflected this and were confident to make requests through the day with staff. The registered manager and provider took time to visit people to ensure the care delivered was as expected.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained Good.

Bluebird Care (Worcester & Wychavon)

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.

We gave the service 48 hours' notice of the inspection visit to ensure staff were available for us to speak with. Inspection site visit activity started on 27 June 2018 and ended on 28 June 2018. The inspection team consisted of one inspector 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 who spoke with people and their relative by telephone.

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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who used the service and five relatives. We also spoke with four care staff. In the office we spoke with five staff, the registered manager and the provider all of which also provided care to people.

We reviewed the risk assessments and plans of care for three people and looked at their medicine records. We also looked at audits for reviewing people's care, their home environment and maintenance checks, complaints records, an overview of the last two months incident and accident audits, staff dependency tool, care staff rotas, staff meeting minutes, and four staff recruitment files.

Is the service safe?

Our findings

At the last inspection in January 2016 we rated the Safe key question as good. At this inspection we found the service had remained good.

People we spoke with told us having care staff supported their safety and they had consistent care staff they got to know well. One person told us, "I feel very safe with the carers." People told us they were confident that staff would arrive as expected and one person told us, "They have never let me down. They aim to be on time every time they come." Relatives we spoke with were happy their family members were safe. One relative told us, "We feel very lucky and we feel very safe with the carers," which added to their confidence the care staff would not leave until their family member was safe.

Care staff told us how any concerns about a person's safety or suspected abuse would be reported to the management team who would act to support the person. Care staff told us they knew people well and would be aware of any changes to a person. Care staff were aware of the signs and possible situations that they would report on.

People we spoke with told us care staff always checked the care plans as well as asking them about any changes. One person told us, "If I ask them to do something I can't manage they never refuse." Relatives told us that care staff understood any risks and were good at recognising any changes or additional needs. One relative told us, "[Care staff] make sure that the alarm is on and [person's] hearing aid is in." Care staff knew how to provide safe care and used people's care plans to guide them to do this. People's personal risks or potential risks to manage their care needs had been identified when they started using the service. These had been recorded and updated with any changes. The plans detailed how care staff could reduce the potential risk of further harm. staff worked with people to identify and manage their own risks by building on their strengths and abilities.

People we spoke with told us care staff arrived at the expected time and had not rushed them on a call. One person told us, "I have the same carers', there are three that come here over different days but they are all excellent." The registered manager stated they had not needed to use agency staff and would only offer new packages of care if they had the care staff available to do so. People and their relatives were happy with the consistency of care staff. Two relatives liked that new staff members were introduced to their family member and spent time with an experienced care staff to see how the care was carried out. One person's relative told us, "If a new member of staff comes they are always shadowed by an experienced carer".

The provider had invested in an electronic planning system which provided real time information on where care staff were and if they had arrived at people's homes as expected. The system provided alerts if the care staff had not attended as expected. This meant the provider used the information so they could act to ensure the call was completed and reduced the risk of a person having a call missed.

The staff files we looked at had completed application forms and were interviewed to check their suitability before they were employed. Care staff had not started working for the service until their check with the

Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. Staff files showed the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People we spoke with told us care staff provided support with their medicines or reminded them to take it. Staff had been provided with a list of people's medicines, what they were for and how to recognise any side effects. Care staff told us this information was beneficial if a person became unwell. People who required support with their medicines had clear records about how care staff were to provide them as expected. Care staff had received training to support them in correctly administering people's medicines and the management team regularly observed care staff practices to ensure they remained competent to do so.

Where a person had an accident or incident the provider and registered manager reviewed what had happened to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. One example we saw showed that following an incident an appropriate referral to the local authority safeguarding team had been raised to ensure the person received the correct guidance and support in the future.

Is the service effective?

Our findings

At the inspection on January 2016 we found the service was good. At this inspection we found the service had remained good.

People had shared their needs and choices with the management before starting with the service. The provider had completed an assessment of their care needs to assure themselves they could provide the care needed. One person told us, "My care plan was arranged while I was in hospital. It works very well." One relative told us they went, "Through a form with you asking different questions, they were great really." Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed.

People told us the care staff understood their care needs and what they needed to do to look after them. One person said, "The carers understand my needs, they know me very well." One person told us, "They are very good she [care staff] understands my needs." Relatives also told us care staff understood how to look after their family member one relative told us, "They know [person's name] needs and support him in every way."

Care staff told us they received regular training which provided them with the skill and knowledge that matched people's care. One person told us, "Really nice girls [care staff] they understand the care I need." The learning and development needs of staff were monitored through regular supervision meetings in the provider's office and by being observed in a person's home. The management team had done this so they could be assured care staff were providing care that met people's needs in line with their expectations.

People chose what to eat and care staff prepared meals requested by people. All people and relatives we spoke with told us the care staff offered support with meals such as preparing breakfast, making a sandwich or personal assistance to eat. Where needed people's nutritional needs were monitored to ensure they were supported to be healthy. Where there were concerns these were raised immediately to the management team through the electronic systems and requests for further support from GP or family had then been made. Care staff told us how they took the opportunity to offer people drinks and leave people drinks when the call had been completed. Where people had a specialist diet or allergies these had been recorded in people's care plans and staff knew this.

People told us they made their own their health appointments or with their families. Care staff we spoke with told us they would help people arrange appointments where needed or let a family member know. One relative told us, "When [person's name] hasn't been well in the past that the carer had recognised it and phoned the surgery." The registered manager told us that if needed they would offer support to people to make or attend appointments for additional health care needs.

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. People's had signed their records to show their agreement and consent to care. People told us they made decisions about their care, day to day routines and preferences and one person told us, "They [care staff] are very good, they listen to you." Care staff had received training in The Mental Capacity Act 2005 to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. Care staff were clear that they listened and responded to the decisions people made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and where needed that applications had been made to the Court of Protection. The provider understood when they may need to escalate concerns about potential restriction to the local authority. No one using the agency was under the restrictions under order from the court of protection.

Is the service caring?

Our findings

At the last inspection in January 2016 we rated the Safe key question as good. At this inspection we found the service had remained good.

The culture of ensuring people's needs were understood and that they were made to feel that they mattered was echoed in people's and relatives feedback. There were many positive statements that reflected how care staff were kind, attentive and caring. One person told us, "They have never let me down even in the snow, they are wonderful." People and their relatives told us they valued their relationships with staff which was important to them in maintain excellent communication. One person told us, "Very attentive, they [care staff] are all very supportive.

The provider's and staff practices demonstrated people mattered and they were always at the heart of the service. The provider shared many positive examples of where care staff had gone 'Above and beyond services' and people's expectations and without charge. For example, for the extra time staff spent comforting and reassuring people at times of distress, particularly supporting a person at the end of life to leave hospital and return home; shopping for groceries, fixing door locks, sourcing reliable tradesmen, providing food parcels and knitting blankets for warmth. One person told us, "If I ask them to do something I can't manage they never refuse." One relative we spoke with told us that, "The management are excellent, they [the managers] came to the house with a plant and Christmas card for [person's name], then on her birthday they sent her a birthday card. That meant a lot, very thoughtful."

We saw how the provider on occasions supported staff to go beyond the normal care provision, working or carrying out tasks in their own time for the benefit of people they supported. One specific example was when a staff member was providing assistance to a member of the public with dementia who was lost, the care staff member had stayed with the person and the provider had acted to cover their care calls.

Staff and managers demonstrated compassion for people's wellbeing and shared a commitment to provide good care to people. They were fully dedicated and committed to ensuring people received care that was 'Genuine and passionate' in line with their values with the aim of people remaining in their own home. One person told us, "They [all staff] are wonderful."

All staff were highly motivated and passionate about the care they provided to people. One relative told us, "They [care staff] have been marvellous [person's name] looks forward to her coming. Very pleasant they are so helpful. I have never been refused anything I have asked them to help me with."

The provider's vision was to 'Ensure that we only recruit carers that we would let look after our own family'. Staff were motivated and supported to offer care that was kind, without time pressure so they could be relaxed and unhurried in their approach when providing care. They were able to do this because the provider was committed to ensure their staff had the correct amount of travel time. Staff were encouraged to develop meaningful relationships with people, and the exceptional feedback we received reflected this. One relative told us, "I know what is expected and they exceed my expectations."

The provider recognised that care staff were as important as people they provided care for and recognised and valued each person's personalities, interests and histories. The provider used this information to develop a 'profile' of each person to ensure that care staff were matched to people more effectively. People were extremely happy with the care staff who they recognised had shared interest which helped develop trusting relationships easily. People told us their care staff were very carefully chosen and very experienced in what they were doing. One person told us, "They [care staff] are great, take a real interest in what I do and always chat to me."

Staff were open and honest with the management team who supported them to change their working hours to support work life balance, offering bespoke training to support care staff with additional learning needs, and partnership benefits scheme. The provider promoted this as a way of ensuring staff were supported to be the best they could be and that this would be reflected in the care they provided to people. One relative told us their care staff were, "Absolutely fantastic really [care staff name] is so lovely. They are very caring and careful."

There was person-centred culture that promoted people's dignity and staff knew the importance of respect and dignity and supported people in ways which upheld these principles. Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and remain where possible, independent. People confirmed staff were always very polite and ensured that they listened to them when they made decisions or choices about how they wanted their care provided. People were also pleased that they could maintain their independence within their own home and care staff were good at not taking over or being over bearing. One person told us, "They encourage you to be a little independent and that's good."

People told us the same staff attended to their needs which promoted their privacy and confidence that there would be minimal situations feeling uncomfortable around new staff. People were always introduced to a member of staff who would be delivering their care prior to these visits. The provider explained the importance of this in respecting the person and that they may be delivering personal care and this should be by someone they had met before. It was clear staff were very familiar with people's needs and told us they took time to get to know each person as an individual and how their likes and dislikes were central to the care provided. Staff had a good knowledge of each person and recognised any changes, which families we spoke with told us provided them with lots of assurance that their family members were consistently carried for in a compassionate and supportive way.

During our visit to the office every member of staff we spoke with was polite, professional and respectful. When answering queries on the phone staff were patient and knowledgeable about people's current situations.

Staff supported relatives when their family member died and sent sympathy cards to families. Families had also sent a number of thank you cards and letters expressing their positive experiences of the care staff and agency as a whole when they were supporting their family member. The provider had also shown they had supported remaining family members with funeral arrangements and companionship when attending the service or graveside. All staff were sensitive to times when people needed caring and compassionate support.

Is the service responsive?

Our findings

At the inspection on January 2016 we found the service was good. At this inspection we found the service had remained good.

People we spoke with told us the assistance provided supported their care needs and as their needs changed the care staff responded. One person told us, "They [care staff] notice if I'm not well, they have informed the surgery in the past." People said they would direct or ask staff for a small change in the care provided on each call. One relative told us, "The managers came to the house to sort out my care plan my [family member] was also involved with it."

People we spoke with made decisions about their care needs and these had been detailed in their plans of care. One person told us, "I was involved with my care plan and they do review it to make sure it is running ok. One relative told us, "I was involved with the care plan for my [family member]. They [staff] review the plan every 12 months."

Care staff we spoke with said they knew people well and were given all the information they needed to support people. They described what support people needed which was reflected in people's care plans. One person told us, "They [care staff] are great and they take interest in what I do and always chat to me." People also told us their care plans were regularly reviewed. One person said, "The management are all very obliging, they came to the house for the plan to be reviewed and to make sure we were satisfied." Care staff told us that any changes to a person's care plan were communicated instantly through the electronic care system onto the phone and therefore always had the most up to date care details.

People said they had the same team of care workers which provided continuity and enabled staff to get to know people well. People told us this was of particular importance to them and felt it met their needs effectively and minimised risks. One person told us, "The carers understand my needs. They know me very well". Care and office staff we spoke with told us how good team work was valued when supporting people and said they had regular contact with other employees caring for a particular person.

People's families had helped to support their relatives and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required. People had been supported to attend a cricket match, golf caddying, church visits and voting within their local community.

People told us they were happy with their care and support and knew how to make a complaint. People said they had no reason to complain but would feel comfortable if they had to raise an issue. People had a telephone number to contact staff if there were any problems. People commented, "Very approachable, I can say the office is excellent. No complaints" and "I would ring the office if I had a problem. I have no complaints and I have never needed to complain." The registered manager investigated complaints and had a system to respond to the complainant once the investigation was concluded. People were provided with details of how to make a complaint; this was included in the service user guide people received when they

first started using the service. At the time of the inspection we were told that no complaints had been received in the past 12 months.

Is the service well-led?

Our findings

At the last inspection in January 2016 we rated the Safe key question as good. At this inspection we found the service had remained good.

There was a registered manager in post at the time of our inspection. 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 provider was committed to providing care to people and to continuously drive improvements. Staff understood the commitment and told us that both the provider and registered manager had clear vision and values and this had improved people's care experiences. One of the provider visions to 'make customers part of our family' and we found people were pleased with how the service involved and listened to them. They told us the management team were always available and easy to approach. One person told us, "It is very good management, very well run".

People were asked for feedback about the quality of their care. One person told us, "I can only say the service we receive is excellent. Professionals that's what I would say." People told us the care staff and management team were supportive and one person told us, "I would recommend them 10/10 you couldn't get better."

The provider and registered manager met with other Bluebird care franchisees frequently to discuss current practice and share ideas on how to continually improve the service. The provider and registered manager carried out regular quality checks on how people's care was supported. One person told us, "They came to the house for the plan to be reviewed and to make sure we were satisfied." The registered manager and provider had regularly reviewed the care and support provided and had completed audits, including involving people following any observations of care staff in the person's home. One person told us, "I know [manager's names] they have been to the house to make sure I'm OK and satisfied."

The quality audits we saw reviewed the care people had received, for example, they looked at people's care records, staff training, and incidents and accidents. The registered manager and care staff told us that the results of audits were discussed and any shortfalls were addressed to improve the overall quality of the service. Examples of improvements included a longer and more extensive staff induction process to enhance staff being introduced to people, having clear role and responsibilities and improving staff and customer consistency.

There was a clear management structure which provided guidance and support to care staff. Care staff had regular contact and were observed in their role which provided opportunities for care staff to raise concerns or comments with people's care. When care staff were together they were relaxed and friendly towards each other and told us they all worked well together to support the people they provided care for. Care staff told us the management team actively sought their views and opinions and were offered the opportunity to

progress with the company which promoted great staff morale and team work. All staff told us the support offered provided leadership and the consistent guidance they needed, to provide good care to people. People told us they were pleased the provider acted in a highly professional manner and one person told us, "They would take some beating as a company."

Staff told us both the provider and registered manager had clear vision and values and this had improved people's care experiences, such as consistency of staff, enough travel time to prevent late calls and feeling valued as employees. People were very complimentary about the staff and people told us the staff were supportive, knowledgeable and highly skilled in their role. People commented that, "Extremely well-chosen staff with educated backgrounds I would say," and, "The company employ good quality staff." To demonstrate continual improvements and a proactive culture, the provider had supported staff to study professional development training courses to maintain and promote their knowledge. Staff told us they had completed or were undertaken externally recognised qualifications, which gave them further knowledge and confidence, which enhanced people's experience. One staff member told us about a particular training relating to caring for people with dementia, they had used this knowledge to understand the person's view point and create a more cohesive relationship.

Staff told us when they visited the office they were welcomed and included. One staff member told us, "I always come into the office, even just for a chat or some guidance or support the office." The management team told us that staff engagement was part of their culture of being open and transparent, frequently engaging with staff at all levels. The provider and registered manager were keen to continue to develop this and were in early discussions about how they could better support staff with their own caring responsibilities.

The provider and registered manager had arranged for local professionals to provide bespoke training to their staff including, community nurse teams and dementia care practitioners as well as others. The management team were innovative and worked in partnership with external agencies for the benefit of people who used the service and staff working for the agency. The management team were open, transparent and willing to take on new ideas and continue to develop the service with a real passion and dedication for always striving to achieve the most positive outcomes possible for people and the staff employed by them. The registered manager had also involved themselves with the local Dementia Action Alliance, which involved promoting community events for people and their carers in the local area. The provider had also promoted 'The Herbert Protocol' which was a partnership project to have a simple risk reduction tool to be used in the event of an adult with care and support needs going missing.

A coordinated approach to people's health, with other healthcare professionals, ensured people received good care from a range of community and health and social care professionals. This resulted in staff and people that felt valued and appreciated an extremely valuable care delivery to people in their homes. The provider also used social media and had a dedicated 'page' which was a way of effectively communicating with people, their relatives, staff and the local community. The provider was working within the local community to highlight and promote events so people would have more opportunities for social function to attend. For example, working in partnership to promote a 'knees up teas up' for people living with dementia and informing people who use the agency.

The provider used an electronic care planning and recording system and had chosen to invest in additional add on packages. Staff told us it had made such a change from the previous paper record. They said, "The care plans are immediately updated any changes and it's done there and then" and, "It's easy and only has the information you need for the clients you are going to see." The provider and registered manager ensured staff were kept up to date with changes to people's care. In addition, people and families were provided with

the opportunity to have electronic access to their care files through a computer based application. This provides the option that people or families have 24-hour access to their care records.

During the inspection site visit we were shown how the staff monitored people's care as it happened and how they no longer had to rely on feedback to the office through paper notes. The provider and office staff told us how this enabled them to be extremely responsive to any issues with people's care delivery and to address them for the person. The provider was able to monitor people's care delivery almost, 'as it happened' and to identify and address any issues for people's care very quickly.

The Bluebird Franchises supported the provider in terms of a policy management system that was used to keep all policies and procedures in one place, updated and available to staff. Staff also had access through the electronic system to short tutorial video training, such as moving and handling, as part of their training support best practice, policy and procedure updates.

The registered manager knew which incidents needed to be reported to CQC kept the organisation up to date on any changes to regulations. The management team worked with specialists within the local area to promote positive working relationships. For example, people's social workers and local GP surgeries and pharmacies to ensure people had additional support to meet their needs.