

iCAPS Enterprises Limited

Bluebird Care Ferndown

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

About the service

Bluebird Care Ferndown is a domiciliary care agency providing personal care and support to people in their own homes. It provides a service to older people. At the time of inspection, the service was providing care to 55 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Improvements had been made and care plans were personalised and met the needs of people in a variety of ways both practically and emotionally. The service had plans in place to ensure that improvements could be embedded and sustained.

People thought the service was well led. We received compliments about the support and leadership of the service. Improvements had been made to auditing and oversight of the service. The service had introduced systems to support them to achieve sustainability.

There were enough staff to meet the required need. Staff were recruited safely and a process was in place.

People felt safe. Staff training, and policies ensured people were safe. Staff knew how to recognise signs of abuse and who to report concerns to.

Medicines were managed safely, and lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received access to healthcare professionals when needed. The service raised concerns with other health and social care professionals when needed. A system for monitoring people's vital signs was available.

People told us staff were kind and caring and treated them with respect.

The service worked well with professionals and continued to support people to access their community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 8 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care Ferndown

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 9 August 2019. We visited the office location on 6 August 2019 and 7 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We met spoke with seven people who used the service and three relatives on the telephone about the

experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care coordinator, senior supervisor, team leader and care workers.

We reviewed a range of records. This included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at key documents and quality assurance records. We requested feedback from three professionals who regularly worked with the service. However, we did not receive a response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
- There were posters displayed at the service giving staff the telephone numbers of the local safeguarding team.
- People and their relatives told us the staff made them feel safe and valued.
- The registered manager told us they had a good relationship with the local authority safeguarding teams.
- Records showed referrals to safeguarding had been made where appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. This included environmental risk assessments for each person's home and surrounding area. Risk assessments were reviewed regularly by the team leaders or in response to people's needs changing.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved. The service worked to provide continuity of staff which meant they could monitor for changes in condition and escalate concerns as needed.
- Assessments included clear instructions for staff on how to minimise risks to people. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work and reduce or eliminate risks.

Staffing and recruitment

- The service had enough staff to support people. Staff told us they did not feel rushed and had enough time to see people and support them. The care coordinator arranged all care visits and then communicated this with the staff. All office staff, including the registered manager, supported people when required.
- The service had a recruitment process and checks were in place. These demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.

Using medicines safely

- The service managed people's medicines safely. Staff responsible for the administration of medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.

- The service had an electronic MAR. They told us they could update this as changes happened. The system alerted office staff if a medicine had not been given or was late. The care coordinator told us they would call the staff member to see if there was a problem.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- Staff had access to supplies of Personal Protective Equipment (PPE). People told us staff always wore gloves and aprons when supporting them.
- Staff had received training in the control and prevention of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. They were then analysed and discussed at weekly provider meetings. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and handovers. Staff told us they felt they were kept up to date and communicated well together.
- The registered manager told us they analysed each situation and records showed learning had happened following incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they started with the service. The assessment formed the basis of the care plan. The senior supervisor went to see each person before the service was agreed.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, health and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- The registered manager had created a mentor programme for existing staff to be able to take new staff with them to shadow their practice. The training included the service values, understanding the new employee process and paperwork. Staff told us they felt confident to mentor new staff.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A staff member told us, "I have received adequate training to do my job". Another said, "We do our refreshers and I did an induction".
- Staff received training on subjects such as safeguarding, medicines, epilepsy management, dementia workshop and basic life support.
- Staff told us they had regular supervisions and contact with senior staff. Supervisions were completed, and competency checked. Records showed these were regular and up to date. A staff member said, "At first I received a supervision every week and now they are monthly".
- Staff had access to the service policies, procedures and staff handbook on their phone. They told us they were able to check these if needed.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with senior staff when required. The service had an out of hours on call system in place, staff told us they always answered and they were supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- Each person had a nutrition and hydration care plan and this detailed which level of support they required. Where people did have support to eat and drink their likes and dislikes had been considered.
- Records showed input from dieticians and speech and language therapists (SALT) where required.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others.
- The service completed 'Care Passports' for each person. This was information about their needs which could transfer with them between services such as, hospital admissions.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the service to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The service maintained close contact with health professionals working with people.
- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.
- The service had introduced a health monitoring system to record people's vital signs such as temperature, pulse and blood pressure. These details were then sent to the person's GP. There were five people using this service and the senior supervisor told us they select people based on their medical history.
- Instructions from medical professionals were recorded in people's care plans and they were communicated to staff through the care records. The service used an electronic care records system where alerts can be set when there were changes. This meant that people were receiving the most up to date support to meet their health needs.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager had a good understanding of the MCA. Staff had received training, records were complete, and staff told us they knew the key principles.
- People had given consent for their care and for photographs to be used in their documents. Where appropriate MCA assessments had been completed and best interest decision meetings involved all the relevant people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "They [staff] are just so polite", "We think they work wonders", "They are always cheerful, I can't criticise" and, "They are just so polite".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard.
- The service had information available about advocacy services if needed.
- Staff told us it was important for them to support people with choices. Records showed they supported people with choices for different aspects of their care. An example was where staff offered people a different choice of meal.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A relative told us that when staff were helping their loved one they were, "Really respectful".
- People were supported to be as independent as they could be. A relative told us, "They [staff] encourage my loved one by doing their exercises with them rather than for them". A person said, "They help me keep my independence".
- Staff members told us they felt it was important to protect people's dignity. All staff had made a dignity commitment.
- The service had received compliments about the care and support it provided. These included; 'Thank you for all the love and kindness shown to our loved one. This gave us both great peace of mind and comfort', 'The team went out of their way to help and respond to our changing needs. This is very much appreciated' and, 'The Bluebird team of carers are wonderful, dedicated and professional'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Care plans had been improved and involved the person. The registered manager said, "We have worked very hard on the care plans".
- The registered manager told us that they would ensure improvements could be sustained by continually checking and developing the care plans.
- People and their relatives were involved in their care. Reviews were held regularly or as things changed. Senior staff completed the review and people, relatives and staff were involved in these. A person told us, "They are pretty good. Any changes I want they sort".
- People were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's summary life histories which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People were supported by staff with their social activities where they had requested it. This included going into the community, hobbies and meeting their family.
- The service used an electronic care plan system. They told us this enabled them to update care plans instantly as needed and be able to monitor the care delivered. The system would alert the care co-ordinator if a visit was late or part of the visit did not occur.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the registered manager or senior staff about any concerns.
- The service had a complaints process which was monitored by the registered manager who then carried out review and analysis. Records showed the service had resolved issues to people's satisfaction.
- People were confident their concerns would be dealt with. A person told us, "If we have any problems, we

tell them and they sort it straight away".

End of life care and support

- At the time of inspection the service was not providing end of life care to anyone.
- The service had end of life care plans in place. However, these were brief and did not explore people's individual wishes and preferences. We spoke with the registered manager about this and they made plans to develop these during the inspection.
- The registered manager had completed additional training in end of life care in domiciliary care. They told us that they were passionate about end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.
- Quality assurance systems had been improved and the registered manager told us that they would ensure improvements could be sustained by continually checking and having oversight.
- Systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- The service had a process in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, incidents and care records.
- The registered manager had weekly meetings with the provider to give a detailed breakdown of the service operation.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work for Bluebird Care Ferndown. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "Everyone is approachable, we are like a family", "It's one of the best jobs I have had" and, "It's fantastic. I feel very proud".
- Staff, relatives and people's feedback on the senior staff at the service was positive. Staff felt supported. The comments included: "The support you get from the [senior staff] is fantastic", "The registered manager [name] is supportive and encourages progression", "The registered manager [name] is a good manager and has been a big help", "They listen and they get things done" and, "The office staff are really helpful, we can call them at any time".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

- The registered manager told us, "We will always apologise, we will say what went wrong, why and what we have done about it".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sent customer quality surveys to people annually. The results from these then fed into the service action plan. Last sent in January 2019, the results were positive. 99% of people stated they were happy with the service they received. Analysis of results showed a trend that people were not always informed of changes. The registered manager told us they had worked on this as a team over the past few months. Feedback we received during our inspection about communication was positive.
- The service sent out regular newsletters to people and staff. These contained service updates, news, new staff, how to be safe online, safety tips and puzzles.
- The service had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders. Records showed good attendance by staff.
- The service had some links to the local community. The service organised a community engagement event in November 2018. Various local businesses and charities came together to show what services they provided such as, meal delivery, activities and sports. The local community was invited to go along and meet with the different services.
- The service had started a book club once a month at a local housing complex. One of the people using the service attends and invites their neighbours to join in. The registered manager told us this had been popular.
- Learning and development was important to the registered manager. They attended regular internal meetings, learning hubs and had used online guidance and publications.
- The registered manager told us the service had good working partnerships with health and social care professionals.