Holistic Health and Support Ltd

Bluebird Care (Cambridge and South Cambs)

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

At the last inspection in January 2016, the service was rated 'Good'. At an earlier inspection in July 2014 the service was also meeting all the standards we inspected. At this inspection, we found the service remained 'Good' as the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated any risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We undertook an announced inspection of Bluebird Care (Cambridge and South Cambs) between 5 and 9 July 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults, people living with dementia or mental health needs and people with sensory impairments. At the time of our inspection there were 58 people using the service.

Not everyone using Bluebird Care (Cambridge and South Cambs) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's care needs were exceeded by staff who were considerate and compassionate by understanding and acting upon people's needs, no matter what these were. Staff knew the people they cared for well and promoted independence, privacy and dignity at every opportunity. People and their relatives were involved in the care and support provided. The provider focussed importance on matching staff to people taking into account their age, interests and background. This helped people to get on and develop positive relationships. Staff enabled people to retain their independence and they encouraged people to live fulfilling lives. Staff promoted people's well-being by encouraging people to remain as active as practicable. People were at the heart of the service.

The service continued to provide safe care as people were supported by staff who had been trained and were knowledgeable about safeguarding, undertaking risk assessments, medicines' administration and infection prevention and control. A sufficient number of safely recruited staff provided people with care that met their needs. Lessons were learned and changes were made when things did not go as planned.

People were supported with their eating and drinking to achieve a healthy lifestyle where appropriate and assessed as a need. Staff enabled and supported people to access healthcare services when this was required. The registered manager and staff team worked with other organisations to help ensure that people's care was coordinated and person centred. 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.

Concerns were responded to before in a positive way and any complaints were managed methodically and learned from. Staff worked well with other stakeholders to ensure that when people had a need for end of life care, this would be well managed to help ensure people could have a dignified death.

The registered manager led by example and fostered an open and honest culture within their staff team. Quality assurance, audit and governance systems continued to be effective in driving improvements. Staff were given the means to achieve their potential including regular support and training which was based on each staff member's role. Staff were reminded of their responsibilities and this made a positive difference to the quality of people's lives. People's, relatives, staff's and external stakeholders' views influenced how the service was run. The registered manager and their staff team worked in harmony with other organisations.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained good.

Is the service effective?

Good

The service remained good.

Is the service caring?

Outstanding ☆

The service had improved to outstanding.

People's care was provided with compassion by staff who showed tenderness in all that they did.

People were at the heart of the service and all staff groups respected people's abilities and independence.

People were involved in their care as much as humanly possible and staff considered all possible options to help people achieve the outcome they wanted.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Good

The service remained good.

Bluebird Care (Cambridge and South Cambs)

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 between the 5 and 9 July 2018 and was announced. The inspection was undertaken by one inspector. We gave the provider five days' notice as we needed to be sure they were in. This was also because some of the people using the service could not consent to a home visit or phone call from an inspector, which meant that we had to make alternative arrangements.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire as well as notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding organisations to ask them about their views of the service. Their views helped us to plan our inspection.

On the 5 and 6 July 2018 we spoke with 11 people who used the service and five relatives of people who were not able to speak with us. On 5 July 2018 we visited the provider's office and we spoke with the registered manager and nominated individual. We also spoke with three office based staff with management roles and three care staff. On 9 July 2018 we spoke with a further three care staff by telephone.

We looked at care documentation for seven people using the service and four people's medicines' administration records. We also looked at two staff recruitment files, staff training records, supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

Staff were trained to support people in a safe way. One person told us, "I feel safe as [staff] know me well. They would know straight away if there was anything wrong. I don't worry with them as they are skilled at what they do." One staff member told us how they would know if something was not quite right and how they could soon tell when people weren't themselves. They went on to tell us that they would report any concerns to the registered manager or a supervisor as well as contacting the local safeguarding team. As with previous inspections, we found people continued to be supported by staff who knew them well and recognised if they were distressed or not their normal selves. They knew what to do and how to escalate these occurrences to ensure the vulnerable people they cared for were safe. This was also confirmed from comments made by professionals visiting the service and commissioners of care.

Risks continued to be managed well by the staff and management. Some people using the service had complex needs which made them very vulnerable. They had effective plans in place to monitor and escalate risks including seeking external advice from professionals. This included eating and drinking, skin integrity and anxieties which placed them at risk of harm to themselves and/or others. We saw examples of this escalation and working with others during our inspection and they were also shared with us by external professionals since the previous inspection. This showed they had a consistent and stable approach which helped support people to stay safe and protected from risk.

There continued to be sufficient numbers of staff who had been recruited safely and subject to the appropriate checks. The recruitment process continued to ensure that only suitable and skilled staff were employed. One person told us that they now had more regular care staff and that having the same staff was "much better" for them. One relative told us that they had a core group of care staff, that their family member had both male and female staff which they found acceptable and that their regular care staff had been, "Fantastic and go beyond what we expect. Age and experience is very useful in this job". A staff member told us that they had travelling time, they were able to stay with people until all their care was done and they would call the office if they were delayed at all. Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people using the service.

People's medicines were administered and managed safely and regular reviews of people's prescribed medicines were undertaken with their GP. Staff had received training and assessed as competent to administer medicines, including topical creams safely. If considered safe, people could administer their own medicines. One person told us, "[Staff] are incredibly good with medication. They sorted it all out diligently. They absolutely monitor it and check it all." One staff member told us, "We have to liaise with the district nursing team as well. Some people have their blood sugar levels checked. I would know if the person was unwell." Records for people's administered medicines had been accurately completed and medicines were stored safely and securely when required.

Systems were in place including policies and staff training in the prevention and control of infection. People and relatives told us that staff wore gloves which they brought with them and disposed of these at the persons home. One person said, "[Staff] always wear the gloves and aprons and dispose of them here. They

bring new gloves with them each time. I also see them washing their hands." Staff followed clear policies and procedures to maintain high standards of cleanliness and hygiene.

Lessons were learned and improvements were made when things went wrong. The registered manager had worked with the local safeguarding authority and they had put measures in place to make sure incidents did not reoccur and were minimised. For example, where people's care calls had been later than planned or where staff had not read their rotas correctly, effective actions were taken. This included reminding staff in advance what their planned care call rotas were and ensuring staff reported any delays. The provider used technology systems to monitor staff care calls and to alert the registered manager and other office staff if care staff were running late. Alternative arrangements were then put in place to ensure people received their calls.

Good

Is the service effective?

Our findings

People's physical, mental and social care needs were assessed to ensure their care support needs could be met effectively. As a result of this, the needs of people using the service continued to be met by staff that were skilled and competent to carry out their role and responsibilities. Mandatory training subjects included the Mental Capacity Act 2005 (MCA), dementia care, equality and diversity, moving and handling and nutrition. Additional training was also provided to enable staff to understand and meet people's specific healthcare needs such as Parkinson's disease and stroke awareness.

Staff's training was developed and delivered around people's individual needs. This included supporting relatives to learn more about a health condition. This gave them more confidence when they visited and spent time with the person. One person told us, "I have many needs but [staff] know how to help me as well as when to respect my independence." A relative told us they really liked the skills of the care staff and how they dealt with challenging situations with professionalism and understanding of the person's health status.

Staff worked well with other healthcare and support teams to deliver effective care, support and enablement. Staff worked with the occupational therapy team to design a purpose-built wheelchair that had enabled a person who had a stroke to move around and go out in the garden. Their relative said, "My [family member's] life has been transformed."

Staff were supported to maintain their current skills with regular training that was appropriate to their role including shadowing and being mentored by experienced staff. Training was based on current guidelines and best practise. Other training was instigated when it was identified as being relevant and useful to improve care provided. For example, staff had been given training initiated by the registered manager with a charitable hearing organisation. This had resulted in staff having additional skills to pass on to other staff who were able to use these to help assist people with a hearing loss. There were also plans to provide these staff with further training to enable them to become a champion for supporting other staff to help people with a hearing loss. One relative told us how staff, because of these skills, used alternative methods to help their family member to understand conversations much more.

Staff had skills and understanding to identify what mattered to people using the service. One relative told us how staff fully understood their family member's non-verbal communications. Another told us that staff took real joy in supporting a person with their appearance. The person's relative added, "The other day they looked a million dollars and it brought a tear to my eye." Staff knew how to effectively meet people's needs.

People's lives were enhanced with technology. It is important for some people such as those living with Parkinson's disease to have their care needs provided at a specific time. Staff used an electronic monitoring system to help ensure people got the right care at the right time. This included live updates so office staff could track staff progress and ensure all the person's needs had been met before they were left alone.

Where there was an identified need, care plans continued to contain detailed information to support people with their diet and hydration. One person told us, "I choose what I am going to have and [staff] will tell me if

they think something is getting low in my stock. They clear up after my lunch and get me a sandwich and a drink." Whenever at all possible, people were provided with care by staff of a similar age groups and social interests. A relative told us, "[Family member] always says how happy they are with the young female care staff who helped them to eat well." The relative added that if any different foods were needed they wrote on a notepad so that staff knew what these were. Staff upheld people's choices whilst also respecting parental involvement in managing people's nutritional needs.

People continued to be supported and enabled to access and use health care services including when staff noticed their health was deteriorating. Staff had supported a person following a lengthy hospital stay. They had arranged to have equipment and skilled staff in place prior to the person returning home. They had also worked with external stakeholders and acted on specific instructions from a relative who was not able to be present. Because of this and liaison with the hospital, and other, health professionals the person had made a full recovery. One relative said that staff had kept them fully informed about their family member's deteriorating health condition and this had helped to keep them out of hospital. A professional stated, "Very positive with helping [person] with their mobility and subsequent independence by staff who had promoted the use of walking aids."

The 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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's ability to make decisions and decisions that were taken in a person's best interest were detailed in their care plans. Staff had a good understanding of the MCA and its code of practice and we saw that people were continually offered choices in all areas of their care and wellbeing. Where required, legal authorisations had been obtained for people's relatives to act on their behalf. This meant that decisions made on people's behalf were determined in line with the MCA's code of practise.

Outstanding ☆

Is the service caring?

Our findings

There was a strong, visible person-centred culture. The service ensured that staff in all roles provided people with care that was exceptionally compassionate and considerate of each person's needs. One common and proactive theme we found was how staff's caring nature had had a very positive impact on people's lives. One person told us they had a lovely group of care staff who helped them wash and brush up and support their medical condition. The person added that staff were ever so gentle and always put a towel to cover their modesty whilst also engaging in conversation. People were put at ease by staff who understood what compassionate care meant.

Office based staff told us they used opportunities during supervisions and observations of care staff to talk about expectations and ways to ensure staff were providing care which was always considerate and compassionate of the person's life and assessed needs. This led to daily care records which reflected how staff had done this at each visit and staff were also able to speak knowledgably and enthusiastically about their roles and those they cared for.

We also saw compliments from people and relatives about the care that had been provided. Two of the many examples of these read, "Thank you so much for all the care, support and advice given over the past few months; it has been so valuable. We couldn't have kept [family member] so well (cared for) without your dedication and professionalism" and "I am very grateful to you all for your kindness and care you gave [family member]. You all treated them with great care, affection and respect".

We saw how staff took the time to talk through situations with people, using examples which people could relate to such as, life stories where they could reminisce about previous holidays, pastimes and interests including dancing, painting and costume design. People had care plans that were person-centred and tailored to reflect people as individuals with specific approaches to their care being delivered. This meant staff were consistent and respectful of people's wishes and preferences. Staff spoke in these terms and recognised this as a high priority.

People were treated equally well, no matter what their needs were. Equality, diversity and human rights approach to people's care was embedded. The provider ensured that staff encouraged and enabled people to give their own views and opinions about their care, regardless of their physical and/or mental health. For example, staff used additional or modified ways of communicating, such as visual aids or simplified text. Because of this, people's likes and dislikes, routines and personal history were more accurately established. This put people at the heart of the service.

One person told us that office based staff had been, "Very thorough" in developing" their care plan They said, "I felt completely listened to and involved during this process." A relative told us how their family member's care hours had been tailored to their needs at the time. They said, "We've been impressed with the importance the [registered] manager places on keeping regular care staff for people living with dementia."

People's care plans included detailed information about how staff could promote people's dignity and independence. They were written in a way to promote people's privacy. One relative told us how staff had become good friends with their family member. They said that their family member's face "Lit up when they saw staff and how much they looked forward to them coming each time and that staff were absolutely always friendly". Staff consistently told us they gave people the private time they needed. Another relative said, "It's genuine care not manufactured." Staff showed people respect and dignity.

Staff knew the people they cared for well and respected their independence. One person said, "[Staff] always stay the full time and if they have finished my care they will sit and chat with me. They do show an interest in me and ask how I am. They are very good. I talk to them about their lives and they talk to me about mine which really cheers me up." Staff enabled people to be completely involved in their care and support needs. People were encouraged by staff to explore their care options and seek out additional help and advice with tenderness and sensitivity.

Good

Is the service responsive?

Our findings

Staff were proactive in helping people avoid anxiety and stress by ensuring they understood people's verbal and other means of communication. One staff member said, "Caring for people with hearing loss means you just need to make sure they use their hearing aids as well as looking in the person's eye so they can see what you are saying." A relative wrote in a compliment card to the provider, "My [family member's] life has not been easy, but it's been greatly improved by your team of care staff. They were all very professional and well trained."

Staff sought different ways to improve the quality of life for people with complex and/or continuing healthcare needs. One person told us, "It's only human that you get on better with some than others that you have more in common with. They all chat about my favourite subjects. They give me time to choose what I am going to wear. They make a difference to my life as I just couldn't manage on my own." One staff member's higher level of communication skills had helped to improve a person's ability to be able to express themselves. Staff, through exercise had enabled another person to regain previously lost independence and improve their dexterity. This had also led to improvements in core body strength and cognitive function. The longer-term plan was to enable the person to regain the ability to reposition and transfer from seating to standing independently.

Staff had liaised with external professionals to develop different types of exercise equipment to help them return to their favourite sport and start fund raising from this. This was a specific type of motorised exercise bicycle which assisted the person to regain independent mobility. This was despite very complex and physical care needs.

People's care plans continued to be detailed, developed with the person receiving the service and based on their individual needs. Information from relatives, health professionals and other external agencies also contributed to the development of the plan to ensure appropriate care and support was provided to meet people's needs.

Staff used their skills and enhanced abilities to develop, review and make changes to people's care plans. This enabled and supported people to live fulfilling lives. One person was supported in a way which had enabled them to regain access to the community which previously had not been possible due to the person's health condition. The person was now able to independently book and attend their own hair appointments. Staff also promoted people's well-being by encouraging people to remain as active as practicable.

People were supported with technology provided under separate contractual arrangements such as, self-operated overhead hoists, telephone systems. This was as well as having access to the provider's electronic care records and care call monitoring devices. This was invaluable for relatives who were not able to see their family member. People's care plans could be in electronic or paper format. Relatives could have as much or as little involvement in contributing to their family member's care through the electronic system.

An electronic system was in place for logging care calls. One staff member told us, "If staff don't log a care call or they are delayed we can see this and makes sure alternative staff are sent out to cover these situations." This ensured people were not kept waiting and/or were informed if there was a delay to their care being provided.

The service continued to manage complaints in an open and transparent way. A relative told us when they raised a complaint about their family member missing their prescribed medication, "The whole thing was very well managed. The [staff] were honest and open about their mistake. Bluebird Care were transparent and even invited me onto training for the staff as a delegate. I was encouraged to talk and share advice and tips with the staff." The staff told the relative afterwards how refreshing this involvement had been.

At the time of our inspection the service was not supporting any person at the end stages of their life. However, compliment records gave positive feedback about the kindness and compassion shown to family members at that time. One compliment from a relative stated, "Thank you for all the kindness you showed towards [family member]. It was greatly appreciated. They loved to hear all staff's news as it brightened up their day. We also valued your support." The service had a good working relationship with health professionals and palliative care teams. which ensured people's end of life care when required would be coordinated, dignified and comfortable.

Where people had made advanced decisions about any future emergency situations such as for resuscitation, records were in place for staff and health professionals to adhere to according to their wishes. The provider had systems in place to provide this type of care when needed (end of Life) and this was part of their Statement of Purpose.

Good

Is the service well-led?

Our findings

There continued to be a registered manager in post. 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 service had a positive and open culture with a clear set of values which staff understood and reflected throughout the staff team. People, their relatives and staff told us that the registered manager was approachable and listened and acted on any concerns. One person told us, "I have met the senior staff in the office. I would recommend them, in fact a friend of mine recommended them to me." Another person said that the registered manager managed the service well. They said, "The care coordinator came to find out about me before they started. It was amazing the amount of details they collected. For example, they even asked about when my stair lift was last serviced. They are very meticulous and direct the care staff very well." A relative told us, "If I had any issues I would go through the [registered manager]. They seem very good, methodical and efficient."

Staff delivered care and support with dignity and respect, promoting equality and diversity. One relative told us, "It's the quality of the people they recruit that is so impressive. I've spoken to the provider's representative as they came to pick up one of the live-in staff. I said about the good quality of the carers and they said that they employed them for their aptitude to care. They were very careful which staff they employed."

Staff were supported in their role to achieve the best possible standards of care. One staff member told us, "The field care supervisors come out and check on us to make sure we are doing things properly." The service had a staff appreciation scheme called 'Care Worker of the Month' which recognised staff for outstanding care. These care staff were nominated via people's feedback, other staff members and from observations of care practice. The registered manager told us that staff who had been successfully nominated as 'Care Worker of the Month' would receive a gift voucher. Records showed different staff with awards for various ways they had made a difference to the team, and people's lives. The provider was also in the process of developing other awards such as, 'Random Acts of Kindness'. This was to recognise staff for their work where they had gone beyond what was expected of them.

There was a focus on ongoing training and development to ensure the quality of care provided was appropriate and the best it could be. As part of this some staff had undertaken training in a specific subject area to become a champion for the service in that subject such as Parkinson's Disease, Dementia and hearing loss. A champion is regarded as somebody with a special interest for the subject and would be best placed to develop in this area. This was in addition to encouraging best practice amongst other members of staff team, and achieve good outcomes for people. For instance, by ensuring people had the correct and best possible hearing aids.

The registered manager kept themselves aware of current care practices and standards through the

provider's network of registered managers. A self-assessment tool developed by the provider's quality manager was used to assess and evaluate the performance of the service against national current and good practice guidance such as National Institute for Health and Care Excellence (NICE). This helped to drive quality and improvement and share learning across the provider's other services.

Since our last inspection, a mobile App had been introduced for staff. The App enabled staff to directly access the provider's policies and procedures and methodology when they were out in people's homes. This provided staff with accessible and comprehensive guidance about the provider's expectations on how many situations should be managed properly and effectively. One person told us that staff always logged their arrival and departure on the staff's electronic device. This electronic care call monitoring system alerted office based staff to care staff's whereabouts. One staff member said, "Having this (App) is really useful, because you can't remember everything."

The provider continued to have effective systems in place to monitor the safety and quality of the service. Senior staff and managers undertook audits of various aspects of the service to ensure that quality and safety were maintained and identify where improvement was needed. Audits covered many areas including medication, health and safety, environment, and care plans. The service learned from any incident or near misses that had occurred such as changes to care call rostering and staff reporting any reason for them being delayed.

People, staff and relatives were given the opportunity to contribute towards how the service was run, through telephone surveys, quality assurance surveys and face to face meetings. Outcomes of surveys and meetings informed service improvement and development such as, working with GP surgeries to have access to people's homes for the delivery of new medicines as well as arrangements for allocated parking. In addition, to support staff who could not drive, the provider had following a survey, established a need for electric powered bicycles and this had increased their recruitment and retention of staff.