

VDJ Health Ltd

Bluebird Care (Felixstowe)

Inspection report

Unit 13C
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Date of inspection visit:
12 April 2019
15 April 2019

Date of publication:
09 May 2019

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:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our inspection of 12 and 15 April 2019, there were 16 people using the service.

People's experience of using this service:

- People who used the service told us they were happy with the service they received.
- People told us they shared good relationships with their care workers.
- Care workers supported people to keep safe, and acted when necessary to prevent any harm or abuse.
- Where required, people received safe support with their medicines.
- There were sufficient numbers of care workers to ensure all care visits were completed.
- The systems for recruiting staff were safe.
- People were supported by care workers who were skilled, motivated and caring.
- People were consulted over their care needs and encouraged to make their own decisions.
- Care plans were person centred. Staff were responsive in identifying and reviewing changes to support good physical and mental health.
- There was a complaints procedure in place. People's views were encouraged and used to drive improvement.
- The service was well run and there were systems to assess and monitor the service and continuously improve.

Rating at last inspection:

- This was the first inspection for this service.

Why we inspected:

- This inspection took place as part of our planned programme of inspections. This was a planned comprehensive inspection following their registration in May 2018.

Follow up:

- We will continue to monitor this service according to our inspection schedule.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Bluebird Care (Felixstowe)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of our inspection of 12 and 15 April 2019, there were 16 people using the service.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to provide the information we needed for our inspection.
- Inspection site visit activity started on 12 April 2019 and ended on 15 April 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

- Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.
- We reviewed the Provider Information Return. This 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. We also reviewed any information about the service that we had received from members of the public and external agencies.

- On 12 April 2019 we visited the office location. We spoke with the registered manager, care coordinator, the franchise network quality management lead and five care workers.
- We looked at records relating to three people's care including care plans, risk assessments and medicines records, three staff recruitment records, and training records. We also looked at audits and systems in place to check on the quality of service provided.
- On 15 April 2019 we spoke with five people who used the service and one person's relative on the telephone.

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service knew who to contact if they felt unsafe. People told us that they felt safe with their care workers. One person said, "I am safe I know who is coming and they always shout out when arrive."
- Care workers had received training in safeguarding and understood how to recognise and protect people from abuse. This was evident from a recent ad-hoc safeguarding quiz care workers had participated in on the service's electronic communication network.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.

Staffing and recruitment

- Sufficient staff were employed to cover people's care visits. People told us that their care workers always arrived for their care visits and if the care workers were running late they were informed. One person told us, "They say they are coming at 8am, and that is the time they come."
- There were sufficient staff numbers to cover people's care visits.
- Care workers had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- When people required support with their medicines, they received them as required. One person said, "I've got cream in the bathroom they get me to stand up and they put that on for me." Another person commented, "They always ask me if I have had them and check."
- People's records identified the support they required and guided care workers how this was to be

provided safely.

- Care workers received training in supporting people with their medicines in a safe manner. A member of the senior team observed care workers to ensure they were supporting people with their medicines safely.
- There were systems to monitor and assess the support people received with their medicines. This supported the management team to act swiftly to reduce risks.

Preventing and controlling infection

- Care workers had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons was provided for care workers to use to reduce the risks of cross infection.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service. This included retraining staff where required.

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

Good: 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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.
- One person said, "They did come over when I first started with them we talked about what I needed, very good, and that is what I am getting."

Staff support: induction, training, skills and experience

- People were supported by skilled, experienced care workers. One person said, "They [care workers] seem to know everything they need to do and check on." Another person commented, "I think they are all trained."
- Care workers were provided with the training that they needed to meet people's needs effectively. This included training in people's specific needs, such as catheter care, dementia and equality and diversity.
- New care workers received an induction which included training, competency checks and shadowing more experienced colleagues. This prepared care workers to carry out their role effectively.
- Care workers were supported to undertake qualifications relevant to their role.
- Care workers were provided with one to one supervision and annual appraisal meetings. These provided care workers with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.
- Care workers told us that they felt supported and had received the training they needed to meet people's needs effectively.

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

- Where people required support with their dietary needs, this was provided effectively. One person told us about the support they received with their meals, "I choose what I am having." One person's relative told us that their family member received specific support with their drinks, which the care workers, "Do well I believe."
- People's care records included the support people required and guidance of how to do this effectively. This included encouraging people to drink to reduce the risks of dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People said, if required, care workers supported them to arrange health care appointments. One person told us about their health condition, "They [care workers] keep an eye, tell me if I need to get the doctor in."
- Discussions with the registered manager and care workers demonstrated that where they had concerns about people's wellbeing, they had acted quickly. This included calling health professionals or advising their relatives that the input of health professionals may be required.
- The registered manager told us how they had worked with other professionals including social and health care professionals to ensure people received a consistent and effective service.

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. We checked whether the service was working within the principles of the MCA.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. One person told us, "[Registered manager] asked me if you could call me, they always ask for my permission for everything."
- Care workers received training in the MCA.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care.

Office location and access.

- The service's office was located in a business park, and suitable for the running of the service.
- There was a visitor's car park.



Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and compassionate care workers. One person said, "I can't fault any of them, they are brilliant." Another person commented, "They [care workers] always respect me." One person's relative said, "[Family member] gets on well with carers I am there sometimes and [family member] seems to like them."
- Care workers understood why it was important to treat people with respect. All of the staff spoken with talked about people in a compassionate manner.
- The registered manager shared examples about how they and care workers had gone over and above their care duties to enhance people's wellbeing. This included organising activities in the community and a Christmas party with people who used another of the provider's services.

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

- One person said, "I just ask the [care workers] to do something and it is done." Another person commented, "Good at discussing that [their care preferences] and its ongoing if I need anything changed." One person's relative told us, "They are receptive to any suggestions they know I know [family member] best and listen what works."
- People's care records evidenced that people made decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were guided in people's care records to ensure their privacy, dignity and independence was always respected.
- One person told us about how they felt the care workers respected their privacy, "They give me a call before they come up [to their bedroom] so I know they are here."
- People told us that they felt that the care workers respected their independence and dignity. One person said, "Any bits I can do myself to help they [care workers] get me to do it." Another person commented, "I am very independent and they respect that. I am not being obstinate just want to keep that as much as I can."
- Personal records of people using the service and staff were securely stored.

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with the care they received, which met their needs and preferences. One person told us about a recent illness and that their health care workers and the Bluebird care workers, "Have got me better every one of them. The Bluebird carers are brilliant, I would give them 10 out of 10 every time." Another person said, "Excellent service." Another person commented, "I get everything I need."
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People's care records demonstrated their involvement in the decisions about how they wanted their care to be delivered. The care plans were person centred and guided care workers how people's individual needs were to be met.
- People told us how they felt that the service they received was responsive to their needs and comments. One person said about the care they received, "I have no problems at all if any issues they are the sort of people who will act. They go over and above like if I need a loaf of bread they will get me one." One person's relative told us, "They [care workers] come up with ideas such as suggesting [a product] which [family member] finds more comfortable, makes me know they are thinking about [family member] and what is best for [family member]."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints. One person said, "They [care workers] sit and have a chat with me, so if I have any worries I can tell them. We can talk more like friends." Another person commented, "No problems at all with them if I did I would talk to [registered manager] and I know he would sort it."
- There had been no formal complaints received since the service had started delivering care to people.

End of life care and support

- There was no one receiving end of life care when we visited the service, but this had been provided. The registered manager said they provided end of life care when required.
- End of life training was included in the suite of training for care workers.

- People's care records included any decisions people had made about their end of life choices. This included if they wanted to be resuscitated.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good oversight of what was happening in the service, and demonstrated knowledge to provide quality care to people using the service.
- The registered manager and all staff spoken with were motivated, and shared the same values of putting people using the service first.
- There was a programme of quality assurance checks in place, including care records, attendance to care visits and medicines. These supported the provider and registered manager to address any shortfalls promptly.
- Care workers were observed in their usual duties, by a member of the senior team, to ensure they were working to the standards expected.
- The registered manager was passionate about the care people received and promoted open communication. They understood their responsibility of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively engaged in developing the service; through surveys and ongoing communication to check they were happy with the service provided.
- People were positive about the registered manager and how they listened to their views. One person said, "The commander in chief [registered manager] is on their [care worker's] tail, I know they all respect him from what they say. He really cares, like all the carers do." Another person commented, "[Registered manager] is brilliant I can speak to him at any time and he cares." Another person said, "The boss, he is genuinely concerned."
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.

- The registered manager involved care workers in decisions about the service. They did this through meetings and ongoing discussions.
- Care workers told us they felt listened to and supported by the registered manager. Their enjoyment of their job contributed to good morale and team working. A care worker commented, "I love my job."

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry.
- The registered manager had a range of support available. This included from the Bluebird Care franchise and the service's provider.
- There was a commitment to learning and development. The registered manager told us that when people using the service had specific needs, training was provided to ensure that care workers had the knowledge of how to deliver good quality care and support.

Working in partnership with others

- The registered manager told us how they worked with other professionals well. This included professionals who commissioned care from the service and others involved in people's care.
- The registered manager was working to develop links in the community, this included a recent donation to a local charity.