Greencote Limited

Bluebird Care (Isle of Wight)

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 (Isle of Wight) is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing care for approximately 110 people living on the isle of Wight.

People's experience of using this service:
● We received positive feedback from people about the service. All people who used the service spoke very highly of the care staff.

● People told us they felt safe and secure when receiving care.

● People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence.

● People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans.

● People were cared for with kindness and compassion. There were examples of when staff had undertaken extra tasks to provide people with a higher quality of life.

● People were supported to meet their nutritional and hydration needs and staff contacted healthcare professionals when required.

● Staff had an understanding of consent and were clear that people had the right to make their own choices.

● Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes.

● There were sufficient numbers of care staff to maintain the schedule of visits. Staff told us they felt supported, received regular supervision and training.

● People felt listened to and a complaints procedure was in place. The provider sought feedback from people through the use of a regular reviews and a yearly survey.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as Good at the last full comprehensive inspection, the report for which was published in October 2016.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
We will continue our routine monitoring of the service.

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 (Isle of Wight)

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 completed by one inspector and an expert by experience in the care of older people, who made telephone calls to people to gain their views about 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:
Bluebird Care (Isle of Wight) is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing care for approximately 110 people living on the Isle of Wight. Not everyone using Bluebird Care (Isle of Wight) received 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.

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 as we needed to be sure relevant staff would be available in the agency office.

Inspection site visit activity started on 5 March 2019 and ended on 7 March 2019. We visited the office location on 5 and 7 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection, we reviewed information we had received about the service, including previous inspection reports, action plans and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered 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.

During the inspection, we gathered information from:
• 15 people who used the service
• Ten relatives or friends of people who used the service
• We visited three people in their own homes
• Eight people's care records
• Records of accidents, incidents and complaints
• Audits and quality assurance reports
• A director of the company, the registered manager and four office based staff
• Eight members of care staff

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:
- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe and their property was respected. One person said, "I feel safe because they (care staff) make me feel as if they are looking after me." Another person said, "At odd times I ask them to go to the local shops and hand them the money. They bring the change and receipt and give it to me right in front of me." A relative told us, "I have quite a bit of confidence in Bluebird Care because they tend to, where possible, have the same carers go in who know (my relative) and her routine."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "Any concerns I would tell the office, I'm sure they would do something but I also know I can go to you (CQC) or social services."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities and had attended additional safeguarding training for managers.

Assessing risk, safety monitoring and management:
- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, they described how they would ensure people had drinks and emergency support devices available before they left people's homes.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment:
- There were sufficient numbers of staff available to keep people safe. The registered manager was clear that they would only accept new care referrals if they had sufficient staff in the correct part of the island to ensure they would be able to meet people's needs.
- Care staff told us two staff were always allocated when specific equipment to assist people to move safely was required. This meant equipment such as hoists could be used safely.
- Most people said they had the same 'group' of staff, they mostly came on time, and stayed for the correct

amount of time. Most people told us the rota was emailed out so they knew which staff would be attending and said office staff generally let them know if staff were going to be late.
● Staffing rotas for people who required multiple visits every day showed a high level of consistency in staff allocations. This meant people received support from consistent staff who knew them well.
● An 'on call' staff member was available should staff be unavailable at short notice such as due to ill health. The registered manager told us that short term staff absences were covered by existing staff members including office staff who were all suitably trained to provide care for people.
● Recruitment procedures were robust to help ensure only suitable staff were employed.

Using medicines safely:
● People said they had their medicines correctly and on time. One person said, "They (care staff) put my tablets in a little egg cup for me. They always make sure I've had them."
● There were arrangements in place for the management of topical creams. These included specific information for care staff as to where topical creams should be applied. However, people told us that sometimes care staff forgot to apply creams, but mostly they (care staff) remembered. A relative said, "A lot (of care staff) do apply creams, not all. (My relative) has to remind them but she sometimes forgets. It's a 90% hit rate."
● People's care records included specific information about the level of support people required with their medicines; lists of people's prescribed medicines, including possible side effects and information about who was responsible for ordering medicines.
● Medicine administration records were reviewed when they were returned to the office at the end of each month.
● Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.

Preventing and controlling infection:
● Staff were trained in infection control.
● There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use. The correct use of PPE was monitored during unannounced observational visits made by office staff.
● There was an up to date infection control policy in place, which was understood by staff.
The registered manager had not completed an annual infection control statement but completed this during the inspection. This showed that there had been no infection control concerns in the previous year.

Learning lessons when things go wrong:
● Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 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 and relatives told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people and gave them time to respond. People told us care staff said things like, "Would you like me to….?" "Shall I……?" "I'll put some cream on shall I…..?" and " What would you like…..?"
- Staff had received training in the Mental Capacity Act 2005 (MCA).
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. Records of care people had received included information where people had declined planned care showing staff respected people's rights to change their minds.
- Care plans included consent forms for people to sign to show they were in agreement with the care which was planned to be provided. We found that some consent forms had been signed by relatives who did not have the legal power to consent to care on the person's behalf. We discussed this with the registered manager who arranged to amend the forms to be clear as to who could give consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and relatives if appropriate, were involved in the assessment process.
- Care plans clearly identified people's needs and the choices they had made about the care and support they received. People were happy with the care they received. One person said, "Oh yes, they know my needs."
- Care staff told us that when they identified a change in people's needs they would contact the office for a reassessment and review of the person's care plan. They said that if they felt more time was needed to complete a particular care visit the management team took prompt action to address this.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:

● Staff received an induction into their role, which included the provider's mandatory training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people.

● Staff were appropriately trained and people were confident in the staff's abilities. A relative told us, "The staff do know what to do and how to do it."

● Training staff had completed included; Safeguarding; infection control; medicines management and the Mental Capacity Act. Staff were also provided with additional training that was specific to people's individual needs, such as catheter care. Training was refreshed every year and staff confirmed this. One staff member said, "We get reminded when updates (training) are due, sometimes the training takes place in the office and also on the computer."

● There were systems to monitor training and records viewed showed that staff had completed all necessary training for their roles.

● Staff told us they were supported in their roles and had regular one to one meetings with a member of the management team. This was to discuss their care practices and development opportunities and records confirmed this. A staff member said, "I'm very well supported and have regular supervision; I can talk to the management at any time though if I needed to, I don't need to wait for my supervision."

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

● People who required meals preparing said they were given choices and had plenty of drinks offered. People also said care staff remembered to leave drinks and snacks, where required. One person said, "They prepare my meals, they know what I like. They make sure I have enough to drink, fill my orange juice up before they go."

● Information about people's dietary requirements were included in their care plans. Where people required their meals or drinks in an altered format such as softer food or fluids thickened to a specific texture this information was available to staff and people confirmed suitable food and drink were provided.

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

● People were happy with care staff who they told us supported them to access healthcare services. One relative told us, they knew staff were aware of his relative's health needs (diabetes) because care staff had picked up things he might have missed. The relative said, "Once when they (care staff) creamed her legs they noticed they were red and there was some swelling. They contacted the GP and Practice Nurse, and let me know." The relative added, "The GP said it was cellulitis and District Nurse now goes in twice a week." Another relative told us the company were, "Always up to speed with appointments such as podiatry, hospital appointments. They provide transport to and from. It's good for me as I live miles away and it's difficult to drop things and go."

● Care plans included information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

● Staff worked well with external professionals to ensure people were supported to access health and social care services when required. Records showed that staff sought timely support from external health and social care professionals, when needed for people.

Good

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

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 relatives told us that staff were kind and caring and knew their preferences. A person said, "Ooh they're very good, always asking me if there's more they can do. They do all the things I can't do. Everybody's nice, I'm more than satisfied with the carers and the care I receive." One relative said, "Some are excellent carers, a couple have a laugh and joke with my relative, try to make her feel better. Others will sit and chat as if she's an old friend. She's very lonely so it's nice for them to take the time to talk to her." Other people and relatives made similar positive comments.
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Most told us they had a regular rota meaning they generally visited the same people and had therefore had the opportunity to get to know people and people had the chance to get to know them. Most people confirmed they had a regular team of care staff.
- Care staff told us that before visiting a new person they were provided with a copy of the person's care plan. This meant they would know important information about the person such as any information about equality and diversity or protected characteristics before attending and therefore be better able to meet people's individual needs.
- Bluebird Care also aimed to support people to enjoy life beyond the provision of personal care. The registered manager provided us with many examples of where they had supported people to live more enriched lives. For example, a person was supported to meet friends and local support groups and for another to have music lessons in their own home. Bluebird Care provided staff to enable people to attend a family wedding, theatre trips and access a church choir making them feel part of the local community.

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

- A relative told us Bluebird Care had worked with him as much as possible to meet his relative's needs. For example, he requested care staff to provide additional assistance to support his relative with a particular need and they had done this.
- Several people and relatives told us they had requested care staff of a particular gender or specific care staff and that these individual requests had been complied with. This meant people were cared for by care staff they felt comfortable with and had been able to make decisions about who provided their care.

Respecting and promoting people's privacy, dignity and independence:

- Most people told us they were treated with dignity and respect. One person told us, staff did not always announce who they were before walking into his bedroom whilst another commented that their relative's bedroom door was not always closed during personal care. We discussed this with the registered manager who undertook to remind all staff about the need to respect people's privacy at all times. Otherwise people felt they were treated with dignity and respect.

● Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
● Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.
● People confirmed they were encouraged to be as independent as possible. One relative said, "They always encourage my relative to wash himself in the sink and put his clothes on. Of course, they help him where he needs it." Whilst a person told us, "They part wash me and encourage me to do some myself."

Good

Is the service responsive?

Our findings

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

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 received individualised care which met their needs. One relative told us, "I think they are wonderful, I'd be stuck without them. It's getting harder to care for (relative)."
● People confirmed that care staff would do what was required and asked of them. A person who lived alone said, "They know me well, anything I want doing, they do. They make you feel good, we like a chat and a laugh, it all goes towards your wellbeing."
● People told us the service responded promptly when people's needs changed and relatives said they were kept informed of any important information. For example, one person said, "I had flu last year and was in bed for 11 days. The staff were brilliant, they went above and beyond their duty. I'm normally independent in the shower but they helped me onto the commode, gave me a wash, helped me to shower, washed me and my hair. I felt so much better. They are very diligent about my pressure areas, will say my heels are a bit red. They will cream me daily."
● Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, dressing, meal preparation, health issues, shopping and information about the person's life history. Care plans reflected people's individual needs and were not task focussed. Care plans were reviewed at regular intervals or when a person's needs changed.
● The registered manager provided information about when staff had responded to meet people's individual needs. This often involved staff providing additional support such as collecting shopping or prescriptions (often in their own time), taking specific treats or home baked cakes and meals for people, doing laundry for people whilst they were in hospital and making minor home repairs or gardening. These additional tasks were important as many people did not have family members living locally.
● The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us they had access to different communication formats and would read care plans to people with significant vision impairment.

Improving care quality in response to complaints or concerns:
● People and relatives told us they knew how to make a complaint. They said they would speak to the 'office' if they had a concern or complaint. One relative told us, "I would ask to speak with (registered manager)." People and relatives also felt confident to raise issues directly with care staff and most felt these would be sorted out.
● The provider had a complaints policy. Written information about how to complain was available for people and relatives within the information pack provided to all new service users. People and relatives were also asked if they had any complaints when service reviews were undertaken. Records of complaints

were maintained and these showed that action was taken when a complaint or request to change a care staff member was received.

End of life care and support:

● No people using the service were receiving end of life care at the time of our inspection. Some staff told us they had attended end of life care training and this had been helpful previously.

● The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.

Good

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility:
- People and staff felt the service was well-managed and several people told us they had already recommended the agency to a friend/relative. One person said, "I would certainly recommend the agency, they're all very good. I've never had to make a complaint."
- The company directors and management team had clear vision and values for the service. This included providing quality individual care for people.
- The vision and values were cascaded to staff and monitored through training, staff meetings, and staff supervision meetings.
- The management team were aware of and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and observations.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required. The registered manager completed the provider Information return when requested and to a good standard. This is a form CQC requires service providers to complete at least yearly providing information about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care:
- The registered manager was clear about their roles and responsibilities. They were supported by an office team who all had clearly defined responsibilities but told us they would cover each other when required.
- The agencies two directors worked daily at the agency office and provided some on-call support meaning they were fully involved in the day to day running of the service. When necessary they would undertake a range of tasks including providing direct care. During the inspection they demonstrated an understanding of the agency and a commitment to ensuring people received a high-quality service.
- The management team had quality assurance systems in place. The registered manager completed a number of audits and told us they reviewed records of care provided and medicines administration records when these were returned to the office. We saw records of these audits were maintained. When we visited three people with the registered manager it was evident that they knew the people well and that the people knew them.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, human rights, equality and diversity, complaints and whistleblowing. Staff were provided with 'pocket sized' guides to the most important policies and

procedures.
● The registered manager monitored complaints, accidents, incidents and near misses and other occurrences monthly or more frequently if required. The registered manager told us they would, "check for patterns or themes," although as there had been few incidents none had been identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● There were opportunities for people to provide feedback. People had regular individual reviews during which they could provide feedback about the care and the service received. Quality assurance questionnaires were sent to people. The registered manager monitored all feedback received. For example, information from the latest quality assurance questionnaires was collated and action was taken where required.
● Staff felt the service was open, honest and transparent. Staff were all positive about the registered manager and other members of the management team. Staff told us they felt the management were supportive. One said, "Any problems I can call the office, they are always helpful and listen to me." Another staff member told us about support they had received out of office hours and they knew support was always available.
● Team meetings were held every few months. These were held at differing times to enable all staff to attend. A staff member said, "We have staff meetings they do these over several days so everyone can get there".

Working in partnership with others:
● The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
● The service had links with other resources and organisations in the community to support people's preferences and meet their needs.