

BenJeMax Limited

Bluebird Care Bromley

Inspection report

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Date of inspection visit:
09 September 2016
12 September 2016

Date of publication:
01 November 2016

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

This announced inspection took place on 09 and 12 September 2016. This was the provider's first inspection since they re-registered at their new address in February 2016. Bluebird Care Bromley is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 151 people were using the service.

The service had 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.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicine safely. The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves.

Staff supported people with food preparation. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

People told us they were consulted about their care and support needs. Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the provider. The service had an effective system to assess and monitor the quality of the care people received.

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.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

Staff supported people so they took their medicine safely.

Is the service effective?

Good ●

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

Bluebird Care Bromley

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 09 and 12 September 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector, another inspector carried out phone calls to staff, and an expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at 16 people's care records and 11 staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with five people who used the service and seven relatives about their experience of using the service. We also spoke with the provider, the director, the registered manager and nine members of staff.

Is the service safe?

Our findings

People and their relatives told us they felt their loved ones were safe and that staff treated them well. One person told us, "Yes I feel safe, I have every faith in my carer." Another person said, "Yes, I feel safe, I wouldn't have them in the house if I didn't." A third person said, "Yes, very safe, they support me from the chair to the bath, help me to stand and they are very confident. They make me feel safe." A relative told us, "My dad feels safe, they [staff] are all friendly and I know the majority of them by name." Another relative said, "I can see for myself that my relative is fine and I have no concerns."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training, the training records we looked at confirmed this. One member of staff told us, "I would report any concerns to my manager" and "I would inform the office staff and I am 100% certain that they would act quickly to sort things out." Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to.

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The registered manager implemented performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these.

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, moving and handling, nutrition and hydration. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where someone had been identified as being at risk when using bathing equipment, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the risk. A senior member of staff told us that risk assessments would be reviewed on a six monthly basis, or more frequently if people's needs changed. We reviewed 16 people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. The senior member of staff reviewed each incident and the registered manager monitored them. The provider showed us examples of changes they made after incidents. For example, when medicine recording errors were found, additional training was given to staff. Actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely. The registered manager told us they organized staffing levels according to the needs of the people who used the service. One person told us, "There is a

pool of girls and I know them and I am familiar with them, they do come on time." A relative said, "No missed calls, carers tend to be on time, 5 – 10 minutes here or there is okay. I think we are very fortunate." The provider had ensured that they monitored people's calls to check they were attended on time through a bespoke online electronic call monitoring system, and records showed they regularly contacted people to check on this. Staff we spoke with told us they had enough time to meet people's needs. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One person told us, "Staff support me with my medicines, they [staff] will wait while I take my tablets, I am happy with this." A relative told us, "Staff do my Mum's medication. They make sure she takes them and I'm happy with this support. There have been no hiccups at all." The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. Senior member of staff conducted monthly reviews of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after their loved one and staff were knowledgeable about their roles. One person told us, "The staff are very good; they know what needs to be done and are competent." Another person said, "The girls are nice, they listen to me and the agency has trained them well." One relative told us, "They [staff] are doing the things that the care plan has set out."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, when they started work, and a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through monthly supervision and annual appraisal. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager at any time for support.

The provider told us that the three care service managers in the Agency hold a National Vocational Qualification (NVQ) level 4 and are presently studying for Qualifications Credit Framework (QCF) level 5 in Health and Social Care, two supervisors are studying for QCF level 3, and two field supervisors hold QCF 3, and the registered manager is studying for a QCF 7 in strategic planning.

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. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the registered manager told us they were not providing care or support to any people who did not have capacity

to make decisions for themselves.

Staff supported people to eat and drink enough to meet their needs. One person told us, "Staff support me with my breakfast, I ask for tea and cereal or toast" One relative said, "The carers do all the meals. They microwave it but we buy all the food." People's care plans included a section on their diet and nutritional needs.

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "The staff are very good, very polite and respectful. They are easy to talk to and to chat to, they are like friends." Another person said, "I can't fault staff really. They do what I need to be done and they genuinely care. They talk to me and ask if I am alright, I know it's not just their job, they do care." One relative told us, "Dad is happy, the girls are nice, they are very thorough and genuine. They understand him and are patient with him."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. One person told us, "I have a care plan, and yes it is looked at regularly." One relative told us, "Yes there is a care plan, we had a review recently. We added the walking into the care plan. We are always in communication with the coordinator and involved in the care plan". Another relative said, "Yes there is a care plan. I am involved in whether things are added to or need to be changed." People's care records showed that they were involved in planning their care.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I know one of my clients prefers to go to bed late, and although my clients may like certain foods, I always give them a choice." Another member of staff said, "I always ask people before giving any personal care, how they liked to be supported."

People were supported to be as independent in their care as possible. One person told us, "I self-administer medicine." One relative said, "The staff encourage my Dad to maintain his independence and so yes, they are doing what they are supposed to." Care records we saw confirmed this. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own faces, and I encourage people to be mobile."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.

Is the service responsive?

Our findings

People and their relatives told us they had a care plan. One person told us, "Yes, there is a care plan, it is reviewed and updated regularly." One relative said, "Yes there is an extensive care plan. It is always being reviewed and added to."

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The senior staff updated care plans when people's needs changed and included clear guidance for staff. We saw 16 care plans and all were up to date.

Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. We saw that care plans were updated when people's needs changed. For example, when one person's needs changed, extra hours of care were provided and the care plan was updated. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

The provider told us that Bluebird Care Bromley organised events that such as a "Tea at the Ritz" event and a Queens 90th Birthday Party to support people using the service to socialise and has developed a relationship with a community café to set up organised activities to benefit people using the service to learn new skills, and meet new friends. These activities were organised under the Bluebird Care nationwide "Every Visit Counts" initiative, which is designed to get people out of their homes and to reduce the sense of social isolation that domiciliary customers can feel.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "No complaints everything is fine." Another person said, "I did make a complaint about a carer and it was dealt with promptly and adequately." One relative told us, "I would phone if I needed to, but I have not needed to. I have their out of hour's numbers and they are easy to access. The office is able to deal adequately with issues, but I haven't had to raise anything." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary staff held meetings with the complainant to resolve the concerns.

Is the service well-led?

Our findings

People and their relatives commented positively about staff and the service. One person told us, "It's a very good service, if I'm not happy with something they will listen. I am happy with the service." Another person said, "The service is perfectly satisfactory, the carers are good, they are all very good." One relative told us, "The service is very good. They always let me know what is happening. When the care worker is away they always tell me which worker will be there." Another relative said, "Dad is happy, his coordinator is great. She listens to us and we can get hold of her quickly when we need to."

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service. We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is really very good, all supervisors and the manager makes a good team." Another member of staff said, "The manager has an open door policy and is very supportive."

The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager, supervisors and their conversations were friendly and open.

People who used the service completed satisfaction surveys. The provider analysed the findings which showed that all people felt the care was delivered professionally, and 96% of people felt staff arrived on time and treated them with respect. However, the service had deteriorated in two aspects of people's satisfaction for example, about informing people when the staff was going to be late to visit them and when there was a change of staff member, compared to the results from December 2015 to August 2016. The provider developed an action plan in response to these issues to show how the identified concerns were resolved. For example, the senior staff structure was reviewed and updated to reflect clear lines of responsibilities to monitor and act swiftly, so that people were informed in a timely manner if there were any changes to care staff, and if they were going to be late.

The service had an effective system and process to assess and monitor the quality of the care people received. For example, the provider launched in consultation with people, a bespoke electronic 'in real – time' monitoring tool which enabled senior staff to monitor if a care worker had delivered care in line with the care plan, including the administration of medicines and when they arrived and left people's homes. The service also carried out spot checks and reviews covering areas such as the administration of medicine, health and safety, care plans and risk assessments. As a result of these interventions the service had made improvements, which included updating care plans to reflect peoples change of needs, staff meetings were held to share learning and additional training was given to staff.