

Zocalo Limited

Bluebird Care (Westminster)

Inspection report

Ground Floor, 7 Hatherley Street
London
SW1P 2QT

Tel: 02079766163
Website: www.bluebirdcare.co.uk/westminster

Date of inspection visit:
13 November 2015
16 November 2015

Date of publication:
15 January 2016

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

Bluebird Care (Westminster) is a domiciliary care agency that provides care and support to people living in their own homes. The inspection was announced and we informed the provider 48 hours before the inspection that we would be coming, in order to ensure that staff would be available at the service. At the time of the inspection 25 people were receiving personal care, and this was the first inspection since the service registered on 19 July 2015.

There was a registered manager at the service. 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 care staff. All of the care staff we spoke with understood their role and responsibilities in relation to keeping people safe and protecting them from abuse. Care staff understood how to raise any safeguarding concerns. Risks were assessed and individual risk management plans were implemented, to enable people to maintain their independence as much as possible while ensuring their safety.

Staff had received training about how to support people with their medicines needs if required, in accordance with people's wishes and assessed needs.

The provider employed sufficient skilled and experienced staff to meet people's needs. Rigorous pre-employment checks were conducted before care staff were appointed, in order to ascertain whether staff were suitable to provide care and support for people who used the service.

Staff received appropriate training, supervision and support to effectively meet people's needs. This included training and guidance in relation to seeking people's consent before providing personal care and supporting people to make their own choices and decisions.

Care plans showed that people's healthcare needs had been identified and care staff supported people to attend medical appointments, where necessary.

People and their relatives told us they received kind and compassionate care, and were treated with respect. Staff described how they promoted people's dignity and protected their entitlement for privacy and confidentiality.

The provider supported staff to understand the emotional and social needs of people living with dementia and was actively involved in achieving positive local outcomes to improve the quality of life for people living with dementia and their informal carers.

The service responded to people's needs and provided personalised care. Care staff knew people well and were able to describe how they would respond to people's needs and wishes. The provider actively sought feedback from people and their relatives, and made positive changes as a result of people's views and suggestions.

People received a well-led service. The management team had a clear vision about the values of the service and the standard of care and support people should consistently receive. This was understood by care staff, who felt the management team encouraged and supported good practice. Systems were in place to continually monitor the quality of the service and any areas that required improvement were promptly attended to.

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 received care and support from staff they felt safe with. Staff understood how to keep people safe and were aware of how to report any concerns.

Risks to people's safety were identified and plans had been developed to minimise the risks.

Recruitment checks were conducted to make sure people received support and care from suitable staff.

Systems were in place to ensure people were provided with safe assistance to receive their prescribed medicines.

Is the service effective?

Good 

The service was effective.

People received their care and support from staff that had appropriate training, supervision and support to meet their individual needs.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and understood how to promote and respect people's choices and decisions.

People's health care and nutritional needs were identified and staff received guidance from the registered manager about how to meet these needs.

Is the service caring?

Outstanding 

The service was caring.

People were supported by kind and compassionate care staff.

Staff respected and promoted people's dignity and privacy.

People's views were sought and they were supported to make decisions about how their care and support was delivered.

An innovative and thoughtful approach was in place to understand and promote the needs of people living with dementia.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes were understood by staff and formed part of their personalised care plans.

People's feedback was used to make constructive changes to how their care and support was provided.

The provider informed people about how to make complaints and carefully investigated any complaints.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives told us the service was well managed.

Staff felt supported by the management team. They told us they were given clear guidance and training about how to provide a high standard of care and support.

The provider conducted regular audits and checks to monitor and improve on the quality of the service.

Bluebird Care (Westminster)

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.

The inspection of Bluebird Care (Westminster) took place on 13 and 16 November 2015 and was announced. We informed the registered manager two days before our visit that we would be coming. We did this because the registered manager and other senior staff are sometimes out of the office visiting people who use the service and supporting staff. Therefore, we needed to ensure that the management team would be in. One inspector carried out the inspection.

Prior to the inspection visit we looked at an assortment of information we held about the service. We reviewed any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required by law to send us. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager, the care coordinator, five care staff and the managing director. After our visit to the agency office, we conducted telephone discussions with two people who used the service and the relatives of three people. We looked at a wide range of records about people's care and how the service was managed, which included four people's care records, medicine administration records and five staff training, support and recruitment records. We also looked at the complaints log, a sample of policies and procedures and audits carried out by the registered manager. Following our visit to the agency office, we contacted health and social care professionals with knowledge and experience of Bluebird Care (Westminster) to find out their views about the quality of the service. We received information from two professionals.

Is the service safe?

Our findings

People told us they felt safe with care staff. One person said, "I have 24 hour care and just knowing my carer is here all the time makes me feel very safe." Relatives described care staff as being "reliable and mature" and "trustworthy."

Care staff knew about the different types of abuse and what actions to take if they suspected that a person was being abused. Records showed that staff had received safeguarding training and they understood how to 'whistle-blow' about poor practice, in accordance with the provider's whistle-blowing policy. Whistle-blowing occurs when an employee discloses about unlawful practices to their employer and/or a public body. The provider's safeguarding policy and procedure contained accurate information about how to contact the relevant local authority safeguarding team to report any safeguarding concerns. We noted that the registered manager promptly took appropriate action if she was concerned about a person's safety and welfare, and kept clear records in relation to any contact with safeguarding teams.

Risk assessments were carried out for each person using the service, in order to identify any risks to the safety of people and staff. These addressed areas of daily living, for example moving and positioning people who were at risk of developing pressure sores and supporting people to mobilise who were at risk of experiencing falls. Risk management plans were put in place to promote people's safety while encouraging them to be as independent as possible. We saw that safe measures had been developed to support people to continue to participate in activities that were important to them, for example going out to restaurants, social gatherings and places of worship. The care plans demonstrated that the provider had taken into account environmental factors that could cause accidents at people's homes. For example, the environmental risk assessments checked whether there were any loose rugs or obstacles that could cause people to have an accident.

Robust approaches were used to ensure people received their support and care from safely recruited staff. Recruitment records comprised appropriate checks, which included a Disclosure and Barring Service (DBS) check before an employee was allowed to commence at the service. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. The recruitment records also demonstrated that prospective staff completed an application form, which was checked for any gaps in employment, education and/or training not accounted for. A minimum of two references were sought, including one from the applicant's most recent employer where possible, proof of eligibility to work in the UK and proof of identity.

People and their relatives told us that care staff were punctual and reliable, and they received their care and support from staff they knew. One person said, "I have no concerns about my carer turning up on time during the week. I had a problem at the weekend with consistency of staff but this seems to be sorted out." Another person told us, "I like to get to know my carers and they understand the importance of my routines. I wouldn't get on well with different carers, so this agency is right for me." Care staff told us they liked how the provider organised their work as it enabled them to develop relationships with a small number of people and their relatives, where applicable. The registered manager told us they regularly recruited staff so that

people could be matched with care staff that met their needs and preferences, for example if a person requested support and care from a care worker of the same gender or a care worker with specific linguistic skills.

Care staff told us they notified office staff if they were held up due to traffic or other circumstances beyond their control, and thought they would be late for a scheduled visit. People and their relatives confirmed they were kept informed and apologies were made for any lateness. The attendance records audited by the registered manager indicated that care staff ordinarily carried out visits within the agreed timescales. This showed that people could be assured that the provider understood the importance of providing support and care that was dependable and prompt.

People told us they were satisfied with the support given by staff in relation to taking their prescribed medicines safely. Records showed that staff had received medicines training and there were clear policies and procedures for the safe handling and administration of medicines. Staff told us they thought the medicines training had ably prepared them for their responsibilities in relation to supporting people with their medicines, and they felt confident about seeking any advice from the management team, if required. We checked a sample of medicine administration record (MAR) charts, which showed that staff accurately signed for medicines they had administered in accordance with the provider's medicines policy and procedure. We noted that the registered manager regularly audited completed MAR charts in order to check if they were appropriately completed by care staff and spoke with staff if there appeared to be any discrepancy.

Care staff informed us they were able to easily obtain any personal protective equipment they needed from the provider, for the prevention and control of infection. This included items such as disposable gloves and aprons. Records showed that office and care staff had completed relevant training and our discussions with care staff evidenced they were familiar with the provider's infection prevention and control policy.

Is the service effective?

Our findings

People told us they were happy with how the service met their needs. One person said, "This support has been invaluable and helps me stay in my home" and a relative told us, "I would certainly recommend this agency to other families in a similar situation. All of the care staff have been very good, without exception." We looked at comments sent to the provider by people using the service and/or their relatives, which were positive about the quality of the care and the competency of the staff.

Records demonstrated that the provider made sure that staff were given a series of training to meet people's needs. The training was a combination of face-to-face classroom learning and e-learning programmes. Staff told us they felt the training prepared them to confidently meet people's needs and was a useful foundation for further training and development. One staff member said, "Although I am still quite new I have been given information about courses that I can do in the future. I think the company invests in staff to reach our potential." Records showed that staff were provided with mandatory training, which included safeguarding, moving and positioning, and health and safety. Other training was provided which was tailored to meet the individual needs of people who used the service, for example dementia care, end of life care, how to care for people with spinal injuries and how to support people to receive nutrition via a percutaneous endoscopic gastrostomy (PEG). This is a tube that has been passed into a person's stomach through the abdominal wall when oral intake is not adequate or safe. The training records showed that some staff had joined with national vocational qualifications in health and social and other staff were being encouraged to undertake this training.

The provider had introduced the Care Certificate for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life, to provide the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager informed us that this training was more intensive than prior national standards for induction training and staff found it useful and rewarding. Care staff said they shadowed experienced staff before working on their own. However, they emphasised that there was always support from the management and supervisory team, which was provided via telephone guidance, monitoring visits, one-to-one supervision and team meetings.

Records showed that staff received regular one-to-one supervision at the office and their performance was observed during spot checks at people's homes. The supervision records we looked at demonstrated that where necessary, supervision was used to pinpoint how staff needed to improve and objectives were agreed between the supervisor and supervisee. There was an appraisal system in place.

The provider had policies and procedures, and a staff training programme, in relation to the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal structure for acting and making decisions on behalf of adults who lack capacity to make some decisions. The provider had systems in place for seeking consent for care. People's care plans showed they had been offered the opportunity to discuss their support and care needs, and make meaningful choices about how they wished for their needs to be met. The care plans were written in a personalised way and recorded people's own words about their needs and

aspirations. The care records demonstrated that people's consent had been attained in advance of any support and care being delivered. The provider was aware of the need for a mental capacity assessment to be conducted if a person was unable to give their consent.

Care plans contained information about people's capacity to make daily decisions about their care and support, and where applicable, the provider had copies of any relevant documents such as a Lasting Power of Attorney for Health and Welfare and/or Property and Financial Affairs. This showed the provider had precise information in order to contact the appointed attorney in accordance with people's wishes.

People and relatives told us that care staff provided the support they needed regarding food preparation, and eating and drinking. One person told us they enjoyed grocery shopping and eating out with their care staff. Another person told us about difficulties they experienced due to medical reasons and described how staff provided a sensitive service. People's nutritional needs were assessed and planned for as part of the care planning activity. The registered manager told us she liaised with people, their relatives and health care professionals such as dietitians to support people with identified complex nutritional needs, which was noted in people's care plans.

We received information from a health and care professional in the community who had observed the support and care provided by the service. The service was described as having worked well with other organisations in order to effectively support a person with health care needs. Care staff were noted to have followed guidance from health care professionals and appropriately sought additional advice. The care plans we looked at demonstrated a clear understanding of people's health care needs and contained contact details for the relevant health and social care professionals. We were shown records that demonstrated how the provider had worked effectively with district nurses, a community matron and a physiotherapist. The registered manager informed us that people were ordinarily supported to attend appointments by their relatives and friends, although care staff sometimes undertook this role when they provided a large care package or live-in care. Another professional told us about how the provider had a particular interest in supported people living with dementia and encouraged other organisations to participate in local community projects.

Is the service caring?

Our findings

People and relatives told us that staff were caring and kind. One person said, "I get on very well with my regular carer, she is so helpful." One relative said, "They are all such lovely girls, some have been quite amazing. I don't know what we would have done if we hadn't found this agency." The written comments received by the provider also showed that people and relatives thought staff had a genuine and compassionate manner.

People and relatives told us that staff provided care and support which respected people's privacy and dignity. People confirmed that staff addressed them in accordance with their preferred name and knocked on their bedroom and bathroom doors before entering. We noted that the care plans provided staff with very specific information about how people wished to be treated by staff. For example, some people had live-in care staff so it was important for them to have time on their own after a meal to relax with a cup of their favourite coffee or a glass of wine. The care plans explained when people wished to be left alone and also specified times they particularly liked to have a chat or be joined by their care staff for a social activity or to watch a television programme. This detailed type of care planning demonstrated the provider's commitment to offering a thoughtful and considerate service, which intuitively recognised and respected people's varying needs and wishes.

The care plans we looked at confirmed that people were involved in planning their support and care. For example, one person requested support to take trips to another part of the country to visit relatives and stated that it was important for them to attend a weekly religious service with their friends. We spoke with their care staff who explained how this consultation with the person and the provision of individualised care had positively impacted on their health and wellbeing.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and told us they were particularly vigilant if they lived in at a person's home or provided large care packages, as they could be asked probing questions by visitors or other parties coming to the household. We observed that confidential information was securely stored at the provider's office.

The provider was able to give people information about advocacy services, as they had developed close links with local voluntary organisations for older people and/or people with dementia. For example, the provider took part in an initiative for people with dementia and their informal carers to regularly come together to sing at a chapel in Westminster followed by a drinks reception, which was known as 'Hymns and Pimms'. The managing director was the founder member and former chairperson of the Westminster Dementia Action Alliance, and was now an active member of the group's steering committee. The minutes for this group showed how it operated as a platform for local people to act as 'Dementia Friends' and strove to improve public facilities and amenities for people living with dementia. For example, the group had successfully engaged with local theatres and sports venues to encourage them to offer 'dementia friendly' performances, activities and communal areas for relaxation. This showed the provider had taken a lead role in championing and supporting people living with dementia who used the service, which also impacted on the quality of life for people living with dementia in the wider local community.

The relative of a person who used the service told us that staff were particularly compassionate and showed an understanding of the difficulties people with dementia experienced. The provider had sought to improve on staff members' awareness of dementia issues and introduced a series of training sessions which were being delivered at the time of the inspection, and was broad in its scope. These sessions included the use of music and singing for people living with dementia, the benefits of therapeutic touch and massage, and social activities to enhance well-being. Care staff told us they were enjoying the sessions and looking forward to using their new knowledge.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. They informed us that the provider properly assessed their needs before they started using the service, to ensure the service was able to meet their needs. Records showed that people's risk assessments and care plans were regularly reviewed and updated.

The registered manager described how they used the assessment to create a care plan. The care plans were very detailed and included relevant information about how to meet people's individual needs. For example, one care plan reflected the difficulties a person had faced following bereavement and how this had impacted on their existing health care needs. Another care plan responded to a person's wish to have a more relaxed morning routine at the weekends than during the week. People were asked about their interests and hobbies, likes and dislikes and preferred routines. The care staff and office based team were knowledgeable about people. This showed the provider sought to gather sufficient meaningful information about people so that they could be matched to care staff with similar interests if possible, or care staff could use the details to develop pleasant conversations with people. The registered manager told us that some people did not want to divulge information about themselves and this was respected.

The managing director showed us a new information technology system that was due to be introduced after the inspection. We were shown a smart phone which had been programmed so that care staff could record that they had met the requirements of people's care plans within the agreed timescales. We were informed that this system has been used by other providers and it had produced benefits for people using domiciliary care services and for staff. For example, the office staff could monitor in real time whether people's needs were being properly responded to and the system also provided a useful 'aide memoire' for staff to check they had completed all aspects of the agreed support and care. The managing director stated that all staff would receive training to use the system, and the supervisory and management team would support staff at people's homes to successfully put their learning into practice.

People and relatives told us they knew how to raise any concerns about the quality of the service and they felt that the provider would listen and act on any complaints or suggestions for improvement. One person and the relative of another person said they had spoken with either the registered manager or the managing director and believed they had received an entirely professional response, with an improvement plan that was followed through.

We looked at the provider's complaints policy and procedure, which were straightforwardly written and gave information about timescales for conducting investigations and providing feedback to the complainant. The registered manager had dealt with complaints in a methodical way, which linked up to records that showed individual staff had received additional supervision, training or disciplinary action, if necessary. The registered manager told us that she discussed complaints with the managing director and analysed whether overall changes needed to be made to how the service operated. For example, the provider had noted that new staff who were still in the process of gaining skills and knowledge could be susceptible to complaints about their practice. Therefore the provider had recently introduced a new grade

of senior care staff to provide additional support and supervision for other care staff, with a particular focus on mentoring new staff during their probationary period. Mentorship training had been arranged for the care staff appointed into the new role. This demonstrated how the provider valued comments and complaints as a way of improving the quality of the service provided to people.

Is the service well-led?

Our findings

People and relatives told us they thought the service was well managed and they spoke positively about the good quality of their person centred care. The registered manager had extensive managerial experience in the domiciliary care sector and she worked alongside the managing director.

The field based and office based staff told us they felt well supported by the management team and thought their employer was committed to developing their skills, knowledge and career opportunities, while steadily expanding the size of the business and broadening the different types of care packages. Care staff demonstrated that they understood their roles and responsibilities and said they could always contact a senior person if they needed advice at any time of the day or night. The registered manager confirmed that the provider maintained a 24 hour on call service and gave us examples of the kind of issues that the on call team had dealt with at night time and at weekends. The sample of policies and procedures looked at during the inspection indicated that staff had access to clear written guidance, which was also available in the staff handbook that was given to all members of staff.

The provider sought the views of the people who used the service and the relatives, through questionnaires, telephone calls and visits to their homes. The opinions of staff were sought during their one-to-one supervision meetings, team meetings and via questionnaires. We looked at some of the responses obtained through the most recent questionnaire and saw that the provider was taking actions to improve terms and conditions for employees. For example, staff had raised the issue of not being paid for their travel to and from different people, which was now rectified. New roles had been introduced for care staff that wanted to progress within the organisation and there were incentives to enable staff to feel valued, such as quarterly awards, certificates and vouchers to highlight and reward staff that went the 'extra mile' in regards to their performance and contribution to the organisation.

There were systems in place to monitor the quality of the service. The registered manager carried out a range of audits and checks relating to staff attendance at training courses, frequency of staff supervision and the quality of monitoring visits conducted by the supervisory staff. In addition to the spot checks and annual review meetings, the registered manager checked the standard and suitability of the daily detailed records that staff wrote. The registered manager investigated accidents, incidents and complaints, which showed the provider sought to learn from these events. The registered manager demonstrated their awareness of when notification forms needed to be sent promptly to the Care Quality Commission (CQC). These notifications inform CQC of occurrences that could significantly impact on the safety and welfare of people who used the service.

The managing director informed us that he was presently involved in a project with a national training organisation which was looking at workforce development for staff within the domiciliary care sector. We looked at minutes for one of the meetings. This showed the provider took an active interest in the improvement and advancement of personal care services.