

A&J E Ltd

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## 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 

### Overall summary

This was an announced inspection, carried out on 21 December 2015. We contacted the registered provider 48 hours prior to us visiting the service. Notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure that the manager or someone who could act on their behalf would be available to support our inspection.

AJ&E Ltd trading as Bluebird Care (St Helens) is registered to provide personal care and support to people living in their own homes. The service operates from an office based close to the town centre of St Helens close to public transport links. At the time of our visit eight people were receiving personal care.

There was no registered manager in place at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

This was the first inspection of the service since its initial registration in November 2014.

Systems were in place to keep people safe. These systems included safe medicines management and assessing and minimising risks to people when their care was being delivered.

People were protected by safe recruitment practices that ensured appropriate checks were carried out prior to a member of staff starting their role.

People were supported by staff who received regular training and support for their role. This helped to ensure that people received safe and effective care and support from a well trained staff team.

People who used the service had a care plan that detailed their care and support needs. The plans contained specific information about individuals' that staff needed to know when they were delivering care and support to people in their homes.

A complaints procedure was in place and people told us that if needed they would be happy to discuss any concerns they had with the manager of the service.

The registered provider was part of a national organisation that offered support in relation to training and human resources. In addition, policies and procedures were in place to support and guide staff on best practice for their role. These policies and procedures were updated on a regular basis. Having access to this information helped ensure that people received the care and support they required as staff had up to date knowledge of best practice.

People told us that staff were caring and respectful and it was evident from what people told us that positive relationships had been formed with the staff team.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe when being supported by the staff team.

Systems were in place to help ensure that people received their medicines safely.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

Good



### Is the service effective?

The service was effective.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Systems were in place to help ensure that that people's consent to care was established.

Prior to using the service, people's needs and wishes were assessed to ensure that the service was able to plan and meet their individual needs.

Good



### Is the service caring?

The service was caring.

People felt that the staff were caring and respectful.

Staff were aware of people's likes; dislikes and personal preferences in relation to how they wanted to be cared for.

Information was available to people about the service and the standards of care and support they should expect.

Good



### Is the service responsive?

The service was responsive.

Care planning documents were in place detailing people's needs and wishes.

People knew who to speak to if they were not happy about the service they received.

People were regularly asked about the quality of the care and support they received by the registered provider.

Good



### Is the service well-led?

The service was well-led.

A registered manager was not in post.

Policies and procedures to help ensure that people received safe effective care and support were available to staff.

Good



# Summary of findings

Systems were in place to regularly review people's care plans to help ensure that any changes needed were identified and acted upon.

# A&J E Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 December 2015 and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be available at the office.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service. In addition, we looked at

records in relation to the running of the service, the recruitment records of four staff, policies and procedures and staff rotas. We spoke with three people who used the service, four staff who provided care and support to people on a regular basis, and the registered provider.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent to us. The registered provider had completed and sent us a Provider Information Return (PIR). The PIR is a document that asks the registered provider to give us some key information about the service, including what the service does well and any future improvements they plan to make to the service.

We contacted the local authority to obtain their views. They told us that they had no concerns regarding the service provided by AJ&E Ltd trading as Bluebird Care (St Helens).

# Is the service safe?

## Our findings

People told us they felt safe when staff were supporting them in their home. Their comments included “I feel safe, very safe” and “They [staff] are honest and trustworthy”. Another person told us “I feel very safe. I use a hoist and staff know how to use it properly”.

Policies and procedures were in place in relation to safeguarding people. Staff spoken with demonstrated a good awareness of potential safeguarding concerns and an awareness of what action they needed to take in the event of them having concerns about a person’s safety. In addition to the policies and procedures available staff also had detailed information available in their staff handbook. This information clearly demonstrated who they needed to contact at the local authority in the event of a person being at risk of harm. The registered provider’s customer guide also included information that informed people of the service’s role in reporting safeguarding concerns. Training information supplied by the registered provider demonstrated that all staff had completed training in safeguarding people. In addition, two staff had completed additional training in safeguarding children. The registered provider had made one safeguarding referral since their registration and this referral related to the support a person had received from another care provider. The referral demonstrated that the appropriate action had been taken in order to protect the individual.

Identified risks to people had been planned for. People’s individual care planning documents contained information about identified risk to individuals’ and their living environment. For example, we saw that a risk assessment had been completed for moving and handling a person who used a hoist to transfer them safely from their wheelchair. The person’s care plan stated that they needed to be wearing their footwear when being hoisted to help keep them safe. In addition, detailed information as to how to use the hoist sling safely was available. Staff had signed to confirm that they had read the risk assessment and guidance available.

Policies and procedures were in place to help ensure that people received their medicines safely. These procedures involved the completion of a medication care and support plan. This plan once completed included information as to

the person’s preferences in relation to their medicines; any allergies the person may have, that needed to be considered and any actions to be taken if an allergy reaction was to take place. The plan gave the opportunity to record the name of the medicine and its purpose; how the medicine was to be stored and the dosage instructions. This information helped ensure that people received their medicines safely. All medicines administered were recorded on to the person’s Medication Administration Record (MAR). Training information supplied by the registered provider demonstrated that all staff had received training in the safe administration of medicines and staff confirmed this. One person who received support with their medicines told us that they always received their medicines when they needed them.

Staff were given specific times to visit people. Staff explained that following an assessment of a person’s needs and wishes it would be determined if one or two members of staff were needed to meet the person’s needs. They gave the example that if a person required the use of a hoist they would need the support of two staff to ensure the safety of all. Staff told us that their rota included travel time and that this enabled them to spend the right amount of time with people they visited. Staff comments included “You have the time to deliver quality care to people” and “You are able to spend all of the allocated time with people. If the visit is for an hour, you get to stay that hour.” People who used the service told us that staff always stayed for the correct amount of time and that the staff arrived at their homes on time.

Detailed recruitment policies and procedures were in place which helped to ensure that only suitable staff were employed by the registered provider. We looked at the recruitment files of four members of staff which included a record of their interview for the role. The information contained on the files demonstrated that appropriate checks had been carried out prior to new staff starting their employment at the service. For example, an application form had been completed; evidence of formal identification had been sought; written references had been obtained and a Disclosure and Barring Service (DBS) had been carried out. These checks are carried out to help ensure that only staff suitable to work with vulnerable people are employed by the service.

# Is the service effective?

## Our findings

People told us that they felt well supported by staff. Their comments included, “They [staff] do things how I want it. If not I tell them and they change it” and “They [staff] always ask what I want them to do. They always check if there is anything else before they leave; gives me peace of mind”. Another person commented that staff were always as flexible as much as they could be. They told us that whenever possible staff would change the times of their visits to fit in with any health care appointments.

People told us that they were happy with the way in which staff supported them with their meals. One person told us that staff always asked what they would like for their meal and that they prepared the food well and served it so it looked appetising. They told us that their appetite had varied in the past and staff had monitored this and when needed, offered them with encouragement to eat.

Prior to a service commencing an assessment of the person’s needs took place. The purpose of this assessment was to identify what people’s specific needs and wishes were and to plan how people’s needs were to be met by the staff team. This information contributed to the development of people’s care plans. In addition to the registered providers assessment process we saw that local authority needs assessment formed part of some people’s care planning files. These assessments further contributed to assessing individual’s needs and wishes.

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 as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Systems were in place to help ensure that people’s consent to the care being delivered was obtained. For example, people who used the service told us that they were always asked to give their consent to their care planning documents. In addition, people also told us that staff always asked them before they carried out any care. For example, one person told us that prior to staff using a hoist they always asked. Another person told us that they

were “Always asked by staff to give their consent”. Training records made available by the registered provider demonstrated that all staff had received training in the Mental Capacity Act 2005. Staff told us that they needed to obtain people’s consent at all times.

Information was available in people’s care plans in relation to their needs and wishes and other agencies and health care professionals involved in their care. For example, we saw that people’s care plans contained the contact details of their social worker; GP and dentist. People told us that when required staff would support them in making health care appointments.

Staff commencing their employment carried out an induction into their role prior to visiting people independently. In addition staff received regular supervision within their 12 week induction period. Staff told us that they felt their induction into their role was useful in preparing them to deliver care and support to people safely.

Training records demonstrated that staff received regular training to enable them to carry out their role. Staff told us that they had participated in both electronic training courses and face to face training delivered by the local council and chamber. Records demonstrated that staff had completed training which included health and safety; infection control; fire safety; first aid awareness; the Mental Capacity Act; dementia care; food safety and safeguarding. Staff told us that they thought the training was good and gave them the opportunity to keep up to date with changes to care practices. Their comments included, “They [the registered provider] always ensures training is up to date” and “The training is very good”.

Records demonstrated and staff told us that they received regular supervision for their role. Each member of staff received a supervision every month. Staff told us that these supervisions may take place face to face or they may be observed delivering care to measure and check their competency. Staff commented that feedback from their manager who had observed their practice was given away from people’s homes to respect people’s privacy. One member of staff told us “This is a very person focused organisation that promotes the rights and respect of the people who use the service”.

# Is the service caring?

## Our findings

People told us that staff were caring and treated them with respect. Their comments included “My regular carers [staff] are very caring”; “They [staff] are very respectful”; “They [staff] are very nice”. One person described their regular carer as “The most wonderful, wonderful woman, you can’t ask for anything more”.

During our telephone conversations with people who used the service it was evident that positive relationships had been formed with members of staff. One person told us “Staff are chatty and make you laugh, they are a tonic”. People told us that they were confident that their regular staff knew them and their needs and wishes well. Staff were able to describe the likes, dislikes and personal preferences of the people they supported on a regular basis and spoke of individual’s fondly.

People told us that staff were respectful and always respected their dignity. Staff told us how they maintained people’s dignity whilst delivering personal care. These actions included ensuring that people were covered up; ensured that curtains and doors were closed and making sure that people had the time and privacy they wished in the bathroom. A member of staff commented “It’s important that you do for people what you’d want done for yourself”.

People’s care planning documents contained information about what was important to them in relation to their living arrangements; their family; religious and cultural preferences. This information was important as it enabled staff to be aware of and respectful of people’s lifestyle choices.

One member of staff told us that wherever possible it was important to understand how to make people comfortable when they were receiving personal care. They gave the example that people were often apprehensive and on occasions frightened when using a hoist. The staff member told us that as part of their training they were transferred in a hoist, in order to understand the experiences of people who used the service. Staff told us “Until you’ve experienced it yourself you can’t understand what it feels like”.

People told us that the manager of the service contacted them on a regular basis by telephone to check that they were happy with the service and to ensure that staff were delivering their care correctly. One person told us “They [the manager] rings very often to see how things are”.

People who used the service were given a Customer Guide titled ‘Your life, your care, your way’ when their service commenced. The document gave people information that included the aims of the service; what the service was able to offer; the services commitment to people; charges and the postponement and cancellation of the service and insurance cover. In addition, the information gave people clear information as to how the service aimed to keep people safe; how the service can support people with their medicines; obtaining an advocate and how the registered provider assesses the quality of the service delivered to people. This information helped ensure that people were aware of the quality and extent of the service they should expect from the staff providing their care and support. People told us that they had received this information.



# Is the service responsive?

## Our findings

People told us that if they had any concerns or complaints about the service they received they would speak with the manager. They said that they would be comfortable in approaching the manager and felt that their concerns would be listened to and acted upon. People told us that they had a copy of their care plan.

People had a care plan that detailed their care and support needs. We looked at the care planning documents of three people who used the service. The care plans gave information as to how people's identified needs and wishes were to be met. For example, one person's care plan stated "When you arrive I will be in bed. I would like you to ask me if I want a shower". Another action stated "I have spray of deodorant before dressing my upper body". These statements contained in people's care plans gave staff clear direction as to how the individual wanted to be cared for.

People told us that their care plans were reviewed on a regular basis and updated whenever necessary and that they were part of this process. Staff recorded each time they visited a person and what care and support had been delivered during the visit. This ensured that appropriate records about people's care and support were maintained. One person told us that "Staff are always writing in my care plan about how I've been".

Several systems were in place for the registered provider to ascertain people's views on the care and support they received. For example, people told us that they received regular telephone calls from the manager enquiring if they were happy with the standard of care they received. In addition, people told us that the manager visited them on a monthly basis to check that they were happy with the service they received.

Prior to our visit the registered provider had completed a customer survey in which 93% of people who used the service had responded. The outcomes of the survey demonstrated that all of the people who used the service felt that staff arrived on time; that they were informed when staff were going to be late; staff treated people with respect; tasks were carried out properly and professionally and completed on each visit and that all were satisfied with the service they received. From the survey findings the registered provider had identified two areas in which they could make improvements to the service and an action plan had been developed to address these improvements.

A complaints procedure was in place and people who used the service were given a copy of this procedure at the time their service commenced. The procedure included offering support to people to access an advocate to assist with any concerns they wished to raise. In addition, the procedure contained the addresses of the local authority ombudsman, the Care Quality Commission and the United Kingdom Homecare Association (UKHCA). This information enabled people to raise concerns about the service they received to professional bodies and regulators if they wished.

People confirmed that they had received a copy of the complaints information. The registered provider told us that they had not received any complaints or concerns, however, a system was place for the management of complaints. For example, a clear timescale for responding to complaints and for the recording of any concerns, investigations and outcomes was available. This was to help ensure that people's concerns and complaints would be managed and responded to appropriately.

# Is the service well-led?

## Our findings

At the time of this inspection a new manager had recently been recruited. Plans were in place for the newly recruited manager to register with the Care Quality Commission. As part of their induction the registered manager had visited all of the people who used the service to introduce herself and to become familiar with people's care needs and wishes. People who used the service and staff spoke positively about the current management arrangements for the service. People told us "She [the manager] is very good, you can contact her at any time" and staff told us that the manager was approachable.

The manager was in the process of auditing all of the systems in place and highlighting any areas for improvement. The outcomes of the audits had been graded as to what, if any action was required. For example, the manager demonstrated that they had identified areas of improvements required in relation to how staff record information. An action plan had been devised to address these issues. This demonstrated that a system had been put in place to monitor and improve current working practices.

There was a clear line of accountability within the service. The registered provider was based at the office along with the manager and the care co-ordinator. Staff confirmed that there was always a senior member of staff on-call outside of general office hours. This enabled staff to seek support and advice at all times. In addition, staff told us that they attended regular meetings with the management of the service. These meetings enabled staff to keep up to date with any changes and in addition, gave staff the opportunity to discuss any issues, ideas or areas they felt could be improved for people who used the service.

We saw that people care planning documents; medicines records and daily records were reviewed on a regular basis.

In addition, people's care needs were reviewed every six months or more frequently if people's needs changed. People who used the service told us that they were regularly consulted about their records by staff.

The registered provider was part of a national organisation that offered training opportunities; advice and support and human resources. These facilities helped ensure that best practice guidance was available at all times. In addition, the organisation produced policies and procedures to support the registered provider and the staff team in delivering a safe and effective service to people. These policies and procedures were readily accessible in the office. Staff were also issued with a handbook which detailed important information relating to procedures within the service.

A whistle blowing policy was available to staff to access at all time and staff were aware of this policy. Whistle blowing gives staff the opportunity to raise concerns they may have with the management team or external agencies in a way that protects them from reprisals within the service.

To ensure that staff received the training they required, electronic records were maintained and updated on a regular basis. These records demonstrated when staff had undertaken specific training and the scheduled date for the training to be updated. This system helped ensure that staff received the appropriate training when they required it.

Systems were in place for the recording of incidents and accidents. The process involved staff recording detailed information about the situation. In addition, the process involved recording any outcome and actions identified following the incident. This demonstrated that learning from situations and making appropriate changes helped minimise the risk of a reoccurrence.

Appropriate storage facilities were available to ensure that people's personal information was kept safe and secure within the office.