

Acuura Limited

Bluebird Care (Greenwich)

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 (Greenwich) is a domiciliary care agency. It provides personal care, support and live in care services to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. 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. At the time of our inspection there were approximately 80 people using the service.

People's experience of using this service

People and their relatives spoke positively about the care and support they received. Staff communicated well with people and had built good relationships with them. Professionals feedback was also positive confirming good partnership working.

People and their relatives told us they felt safe. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way.

Arrangements were in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work and there were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet where this was part of the planned care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required and were supported to access community services.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. There were systems in place to assess, monitor and improve the quality of the service. The service worked well in partnership with health and social care professionals.

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

Rating at last inspection

The last rating for this service was Good (published 30 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Bluebird Care (Greenwich)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert-by-experience. 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 (Greenwich) is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within their own homes. 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

The inspection site visit took place on 28 June 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present at the office.

What we did

Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. We also sought feedback from local authorities and or professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection visit we met and spoke with the director, registered manager, two care supervisors

and one care worker. The expert-by-experience spoke with two people using the service and five relatives by telephone to seek their feedback about the service. We reviewed a range of records including six people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported and protected from the risk of abuse or harm. People and their relatives spoke positively about staff saying they felt safe with the support provided and staff were kind. One person said, "Yes I feel safe, they [staff] are great."
- Policies and procedures for safeguarding adults were in place and systems for reporting and acting on concerns or allegations were robust.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe. One member of staff said, "We all have very good training and know exactly what to do. The manager is very good and will respond to any concerns we have."
- Information on safeguarding adults and children was available for staff reference within the office location and people were provided with information in a format that met their needs.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely by staff to avoid harm. People and their relatives told us they were involved in planning and managing risks. One relative commented, "Yes we are involved. When I was out, my [relative's] legs gave way. The carer called the ambulance and then called me. The carer handled everything excellently. We have regular carers, so they know what the risks are."
- Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Risk assessments documented risks and guidance for staff to ensure people were supported appropriately. For example, in relation to their mobility needs, communication, nutrition and hydration and medicines management amongst others.
- People were provided with information on how to contact the service out of office hours should they require support. Staff received training in first aid, health and safety and fire safety and knew how to respond in the event of an emergency.
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of individuals home environments. For example, checks to ensure smoke alarms in place worked correctly and there were no flooring or trip hazards.
- The director told us the service was in the process of implementing a 'Bluebird care assist' tool. This is an electronic device that staff use to measure people's blood pressure, pulse and alertness. They told us this would enable care staff to respond to people's ill health needs in a timely manner and help prevent people from being readmitted into hospital unnecessarily.

Using medicines safely

- Medicines were managed, administered and stored safely.

- There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. The providers electronic call monitoring system (ECM) monitored and documented when people were administered their medicines by staff.
- All staff had completed medicines training and their competency had been assessed to ensure their medicines administration practices was safe.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and documented the level of support people required.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce any identified risk. People and their relatives told us they thought there were enough staff to support them and they had regular staff who visited them. One person said, "They do come on time, they are excellent, there are no problems at all."
- There were systems in place that ensured people received their care on time and staff stayed the duration ensuring people's needs were met safely as planned. The ECM system allowed office staff to monitor care visits. Staff were provided with a phone application that allowed them to sign in once they had arrived for a care visit and sign out when they left. This enabled the service to respond promptly and safely to any late and or missed calls or emergencies.
- The service followed safer recruitment practices and ensured all staff pre-employment checks were satisfactorily completed before they could work at the service. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reflected on as a means of improving safety for people. Policies and procedures were in place for reporting and recording accidents and incidents. Staff understood the importance of reporting and recording any accidents, incidents and near misses.
- Records showed that where an accident or incident had occurred, these were recorded and analysed to identify any trends or patterns and appropriate actions were taken by staff to prevent reoccurrences.
- Where appropriate accidents and incidents were referred to local authorities and the CQC. Lessons learnt were shared with the staff team to promote best practice.

Preventing and controlling infection

- People were protected from the risks of infection. Staff received training on infection prevention and food hygiene and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment. For example, supporting people with laundry and domestic tasks.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were regularly assessed and reviewed to ensure they could be met. People and their relatives told us they were involved in the assessment process and planning for their care. One relative commented, "Yes we are involved, we are always consulted."
- Assessments were used to develop individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as personal history, preferences, support networks and consent.
- Joint assessments were held with health and social care professionals when required, for example with GP's, district nurses and local authorities to ensure staff delivered care and support in line with best practice and national guidance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected because staff sought their consent before supporting them. A relative commented, "We are very much involved and consulted about [relative's] care."
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- People were encouraged and supported to make decisions for themselves and were provided with suitable information to enable this in a format that met their needs.
- People's consent was reviewed on a regular basis to ensure arrangements in place were appropriate and

meeting their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. People and their relatives commented positively on the skills of staff. One relative told us, "I think they [staff] have good skills and knowledge. They pick things up like when [relative] was not well, they contacted the office. I feel confident with their help. I can go away, and they are trustworthy."
- There were structured systems in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers. One member of staff commented, "I had a very good induction and was provided with lots of training and support."
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff received training in a range of topics such as, moving and handling, medicines management, safeguarding adults and children and nutrition and hydration amongst others.
- Staff were very knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately. Staff told us they could approach the registered manager at any time and request specialised training to meet an individual's needs if required. For example, dementia and or behaviour that may challenge training.

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

- People were supported to have a balanced diet that met their cultural needs and to ensure their well-being where this was part of their planned care. One relative commented, "Yes, they [staff] will make [relative] a platter, she is Scandinavian and likes an open sandwich. They are very good at doing that."
- Staff consulted with people and their relatives on what types of food they preferred and any cultural requirements they had.
- Care plans documented people's nutritional needs, support required with meal preparation and eating, known allergies and any nutritional risks such as weight loss or choking. For example, one care plan documented the risks posed to the person in relation to keeping and or eating out of date foods.

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

- People were supported where required, to access health and social care services. Assessments of people's physical, mental and emotional needs were completed and retained in their plan of care for staff reference.
- Staff monitored people's well-being at each visit to ensure they were supported appropriately. Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. For example, information and guidance provided by GP's and district nurses were followed by staff.
- A commissioning social care professional told us the service was very effective in the support they offered people stating, "Staff are very good at meeting people's specialised needs and the feedback we receive from people's experience of the service is always very positive."

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs. For example, several people spoke languages other than English and some staff were able to communicate with them in their native tongue.
- People and their relatives told us they were supported by staff who were respectful to their individual needs, kind and caring. One relative commented, "When [relative] cries that she does not want to get up or go out, [staff] will talk to [relative] and somehow she lifts her mood and gets her to go out." Another relative said, "Their [staff] whole approach is good. They speak to [relative] and they put themselves out for [relative]."
- Staff had built respectful relationships with individuals and their relatives and valued people's independence, needs and wishes demonstrating an in-depth awareness of their personas. For example, a relative told us that staff spent time learning a game that their relative liked to play. They commented, "[Relative] likes to play chess with carers who can play with him. The others [staff] will learn so they can also play with him."
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People were empowered and provided with choice, so they could make day to day decisions for themselves. People and their relatives told us they were involved and consulted about the care and support they received. One relative said, "Yes, I am heavily involved, and communication is very good."
- Another relative commented, "They [staff] very much support [relative] to make decisions and to be independent. They do things like put [relative's] clothes out and talk about the war. They brought in pictures to talk about with [relative]. They are very thoughtful."
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and their relatives told us staff treated them with respect, promoted their independence and their privacy and dignity was maintained at all times. One relative commented, "When [relative] was not well the carer stayed with [relative] for extra time. They [staff] write things for him on the fridge to help remind [relative]."

- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely supported and encouraged by staff with support offered if required, for example, with safely using appliances within the home.
- Staff told us they promoted people's dignity when carrying out personal care by seeking consent and ensuring they were covered, and doors and curtains were closed. A relative commented, "[Relative] is a very shy man, they [staff] handle that very well. The last agency didn't. I am very happy how they do it."
- Information about people was kept securely in lockable cabinets in the office and staff knew the importance of keeping information about people confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were assessed, personalised and reviewed to meet individual needs and wishes. People and their relatives confirmed they were involved in planning for their care and contributed their views on the service. One relative commented, "Oh yes we are involved. The manager is very wise, she thought my [relative] would not like one activity. She understands how to gently arrange care and support and not to impose it on my [relative]." Another relative said, "I write down a care plan for the week. They [staff] follow the schedule and play music before they go."
- Care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Staff kept daily records of the support offered to people at each visit and care plans were reviewed on a regular basis to reflect changes in people's needs and wishes. One relative told us, "We had a review meeting with the manager, as [relatives] medication was in a bit of a mess as he was resistant to help. It has now been resolved and it is working out a lot better."
- People told us they were supported by a regular team of staff who knew them well. One relative commented, "They [staff] are regular and very caring in their manner. They are pleased to see [relative], his face lights up when they come."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood the AIS and the importance of effective communication when supporting individuals. People's communication needs were assessed and documented within their plan of care. We saw examples of effective communication including actions taken by staff to promote communication with one person who had sensory loss. Staff had purchased a communication board, so they were able to effectively communicate with the person.
- People and their relatives told us the service was very good at communicating with them. One relative commented, "They [staff] communicate very well with us and respond to emails I send them. They are very responsive." Another relative said, "They [staff] talk to [relative] in a very nice way, it is very appropriate."
- The service had produced information in a format that met people's needs, for example, easy to read versions of the customer user guide and the services complaints policy and procedure.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them and to take part in activities of their choosing. People and their relatives told us they were supported to maintain relationships and to access community services and or activities where this was part of their plan of care. One relative commented, "They [staff] take [relative] shopping and to places of interest." Another relative said, "They [staff] take [relative] for a walk, [relative] enjoys that."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received including the timescales for responding. People and their relatives told us they were aware of the complaints procedure and how to make a complaint.
- The provider's complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed that where complaints had been made the service responded to them appropriately and in line with the provider's policy. The registered manager also conducted quarterly complaints analysis to ensure complaints were managed appropriately and any lessons learnt were shared with the staffing team.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff demonstrated a commitment to provide person centred, high quality care by engaging with people, relatives and professionals. People and their relatives spoke positively about the service and the care and support provided by staff. One person said, "I am not easy to please. I think the care is good. They are a decent company and staff are professional and experienced." A relative commented, "They are well run and organized. They [staff] do a very good job and communicate well with me."
- There were processes in place to ensure people received the care and support they wanted. Assessment tools were person focused and assisted staff in the promotion of independence and equality.
- Staff demonstrated a strong commitment to provide person centred care and spoke positively about management, their leadership and how the service was run. One member of staff commented, "I get lots of support from management and I'm currently doing my NVQ. The service is very good at supporting people how they want to be supported and all staff go above and beyond to do the best they can for people."

How the provider understands and acts on the duty of candour. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team ensuring consistent best practice and good service delivery.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- The service had an effective out-of-hours system in place to ensure appropriate management support was available to staff when needed.

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

- People and their relatives views were sought to improve the quality of the service. People and their relatives told us they were asked for their views about the service and the care and support provided. A relative commented, "They [staff] are always in contact making sure everything is good."
- There were systems in place to ensure the service sought the views of people through regular reviews either in person or by telephone and annual surveys. Staff views were also sought through annual surveys and regular staff meetings.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. Effective governance and accountability systems were in place. Daily, weekly, monthly, quarterly and annual checks were conducted by staff. Where issues or concerns were identified, we saw these were acted on to improve the quality of the service.
- Audits and checks were carried out in areas such as medicines management, care plans, accidents and incidents, the ECM system and health and safety. Where required action plans were developed to address any issues or concerns identified.
- Unannounced spot checks were conducted by senior staff within people's homes to ensure care staff supported people as planned.
- Staff meetings were held on a regular basis to share information and best practice. Separate meetings were held for care staff and office staff.
- Weekly management messages were sent to all staff. They included a copy of the 'policy of the week' for staff to read and review and important information about the service such as, a recent charitable cake sale held and the importance of communication. We noted that the 'policy of the week' was dementia.

Working in partnership with others

- Managers and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, district nurses, mental health professionals and GPs.
- We saw the service worked in partnership with local authorities to drive improvements and feedback we received from professionals was consistently positive about the services partnership working and the quality of care people received.