

WJ and R Ltd

Bluebird Care (Waltham Forest)

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 (Waltham Forest) is a domiciliary care agency providing personal care to 47 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

People's experience of using this service and what we found

People and relatives told us they were happy with the service and the care provided. One relative said, "Overall, they are very good. We like everybody in the office. We are very happy because they are lovely people. We give them nine out of ten. Would definitely recommend them."

Systems were in place to help protect people from the risk of abuse. Risks people faced were assessed and managed. There were enough staff to support people and checks were carried out on staff before they commenced working. Medicines were managed in a safe way and steps were taken to reduce the spread of infection.

Assessments of people's needs were carried out before they began using the service. Staff were supported in their roles through regular training and supervision. People were supported to make choices about their lives including what to eat and drink. The service worked with other agencies to meet people's healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and that they were treated respectfully. Staff understood how to promote people's privacy and independence. The service sought to meet people's needs in relation to equality and diversity. Confidentiality was promoted and information about people was not shared without proper authorisation.

Care plans were in place which were personalised around the needs of individuals. These were subject to regular review. The service met people's communication needs. People knew how to make a complaint and complaints received had been dealt with in line with the provider's procedures.

The service had a registered manager in place. Staff and people spoke positively about senior staff and told us they were supportive and helpful. Quality assurance and monitoring systems were in place, some of which included seeking people's views about the service.

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 25 January 2017).

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 (Waltham Forest)

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 an 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

This service is a domiciliary care agency. It provides personal care to people living in 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

We gave the service four working days' notice of the inspection. This was because senior staff are often out during the day carrying out their duties and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of serious incidents the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

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

During the inspection we spoke with four staff; the registered manager, care manager, care coordinator and care supervisor. We reviewed a range of records. This included five people's care records and medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. The Expert by Experience carried telephone interviews with five people who used the service and six relatives.

After the inspection

After the inspection we carried out telephone interviews with two care assistants. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Systems were established to help safeguard people from the risk of abuse. There was a safeguarding adult's policy which made clear the provider's responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Records confirmed that the procedures had been followed as appropriate.
- Staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One staff member said, "If there is something wrong, I have to report it to my manager."
- The service spent money on behalf of people to get their shopping in line with their assessed needs. Staff did not have access to people's bank accounts. Where money was spent on behalf of people, records and receipts were kept of this. However, these records were not checked by senior staff, except at the person's annual review. After the inspection the registered manager informed us that in future all such records would be audited and checked on a monthly basis.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken to assess what risks people faced and to implement strategies to mitigate those risks.
- Assessments were personalised around the risk's individuals faced and covered risks associated with moving and handling, falling, medicines and the physical environment.
- People told us they felt safe using the service. One person said, "Yes, I feel safe. They are very nice. I usually see the same person. They are lovely."

Staffing and recruitment

- Enough staff were employed to support people. Staff told us they had enough time to get between appointments. One staff told us they struggled on Sunday's to get between clients, so they discussed this with senior staff and their rota was subsequently changed to a more manageable situation.
- The registered manager told us there had been occasional missed calls. Where this occurred, this was investigated with action taken to reduce the likelihood of a re-occurrence. Staff were monitored electronically to check they were punctual for visits. People told us staff were generally punctual. One person said, "They are usually on time. No missed calls."
- Checks were carried out on prospective staff before they began working at the service to test their suitability. Checks included employment references, proof of identification and criminal records checks.

Using medicines safely

- People were supported to take medicines in a safe way. Staff undertook training which included an assessment of their competence before they were permitted to provide support with medicines.
- Staff recorded electronically after each time they administered a medicine. These records were checked by senior staff. We checked a sample of medicines records and found them to be accurate and up to date.
- The service had regular contact with people's GPs to ensure they had a current, correct and up to date list of medicines that were prescribed.

Preventing and controlling infection

- Staff followed good practice with regard to infection control which reduced the risk of infection. This included wearing protective clothing and washing their hands before and after providing support with personal care. Staff also undertook training on infection control.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents. These were audited by senior staff to see where improvements could be made to reduce the likelihood of similar accidents and incidents occurring again. For example, where people had a fall risk, assessments were reviewed, and referrals had been made to relevant health care professionals.

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

- Senior staff carried out an assessment of a person's needs before the provision of care. This was to determine what the person's needs were and if the service could meet those needs. The registered manager told us if they thought the person's needs could not be met they would not take on the client.
- The assessment process involved speaking with the person, and where appropriate, their relatives. Assessments covered needs associated with personal care, communication, mobility, social inclusion, details of people's religion and ethnicity and what is important to people.

Staff support: induction, training, skills and experience

- New staff undertook an induction programme on commencing working at the service. This included classroom based training and shadowing experienced staff to learn how to support individuals. A member of staff said of their induction, "I did the induction for two days, that covered medication, manual handling, all about Bluebird Care. Then I did shadowing."
- Ongoing training was provided. This included online and classroom based training. Records showed training included health and safety, safeguarding adults, infection control and the safe administration of medicines. The training matrix showed that some staff were not up to date with all their on-line training. We discussed this with the registered manager. Within three days of our inspection they sent us confirmation that all staff had got up to date with their required training.
- Staff told us and records confirmed that they had regular one to one supervision meetings. This gave staff the opportunity to raise and discuss matters of importance to them.
- People and relatives told us staff understood their needs. A relative said, "The carers are very good at dealing with (person's) challenging behaviour which can be extreme. But, once (person) calms down, they will joke with them, I think they are well trained, it's their professionalism."

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

- Where people required support to eat and drink, this was detailed within their care plans. Plans included information about people's likes and dislikes regarding food and drink. Staff told us they always offered a choice to people where they prepared food for them.

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

- The service worked with other agencies to meet people's health care needs. Records showed referrals

were made to various agencies where there was a perceived need for this. This included referrals to GPs, occupational therapists and the commissioning team of the relevant local authority.

- Staff supported some people to attend medical appointments in line with their assessed needs. Staff were knowledgeable about people's health needs and what action to take in an emergency situation.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Mental capacity assessments had been carried out along with best interests decision meetings. Where someone held power of attorney over a person, the service had checked and made a record of this.

- Staff understood the importance of enabling people to consent to the care provided and to be able to make choices over that care. People told us their consent was sought. One person said, "They understand how to help me. They always seek my consent and encourage me to be independent." A relative told us, "They always seek (person's) consent before doing things."

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; respecting equality and diversity

- People told us they were treated with respect by staff. One person said, "I think they treat me with respect, and respect my privacy. They are chatty, kind, and considerate. They are helpful with everything. You have only got to ask and it will be done." A relative told us, "As far as I can see they are very kind. They always have a chat with (person) over what is on the news."
- The service sought to promote good practice with regard to equality and diversity. The registered manager told us they employed people of different backgrounds and a staff member told us how supportive the service had been around their equality and diversity needs.
- People were able to choose the gender of their care staff. The registered manager told us they did not discriminate against people based on their protected characteristics, saying, "We try to encourage people to express their beliefs."
- The provider sent cards and gifts to people to celebrate their birthdays and Christmas.

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

- People were involved in planning their care, at the assessment and care planning stages and through the care plan reviews. Care plans were signed by people or their relatives where appropriate.
- People gave signed consent to the service for various things, including allowing the service to share information about them with other agencies or allowing staff to support them with their medicines.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to promote people's privacy, dignity and independence. One staff member said, "When I go to see someone I make sure they are covered at all times. I make sure they are dressed before they walk around the house." They added, "I give them a choice, always give them a choice of what to wear." Another member of staff told us, "With some people it's just assistance, one person says, 'I'll do that bit' and I let them do it themselves."
- The service had a confidentiality policy which made clear staff were not permitted to disclose information to unauthorised people. Confidential information about people was stored electronically on password protected devices that only relevant staff had access to.

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 received care that was person centred based around their assessed needs. Care plans were in place which set out people's needs and how they were to be met. They covered needs related to personal care, communication, eating and drinking and mobility.
- People were involved in developing their care plans. Plans were subject to an annual review, although the registered manager said they were reviewed more frequently if there was a significant change to a person's needs. A relative told us, "The care plan is in place, regularly reviewed. The manager visited two weeks ago to do a monthly review. When I had a concern, it was sorted quickly."
- Staff had access to people's care plans through an app on their phones. As care plans were updated electronically, this meant staff always had access to the most up to date version of the plans.

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.

- The service sought to communicate effectively with people in line with their individual needs. For example, one person liked to be communicated with through emails, and as they had reduced vision, emails were sent to the person in a large font.
- Most people using the service spoke English and were able to communicate verbally with staff. Where people did not speak English, staff communicated with them through using gestures and objects of reference, such as holding up different boxes of cereal for the person to choose from. People's relatives also helped them to communicate in some cases.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which included timescales for responding to complaints and details of who people could complain to if they were not happy with the response from the service. Records showed that complaints received had been dealt with in line with the policy.
- People told us they knew how to make a complaint. One person said, "I have never had to complain. But I think the manager would respond helpfully."
- Records were maintained of compliments received. One relative had written to the service stating, "The team of carers who have come through our door are so good with [person] that they regard them as friends."

End of life care and support

- The registered manager told us the service was not supporting anyone with end of life care at the time of inspection. End of life care had been provided to people previously and the service worked with other agencies to help ensure people's needs were met.

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; Continuous learning and improving care

- Staff told us they found the service to be an open inclusive place to work. One staff member told us how supportive senior staff had been of their circumstances. Staff also told us they found senior staff to be approachable and supportive. One member of staff said, "I think they are very good and very supportive. If I need to go and see them they are always on hand." Another staff member told us, "I enjoy working for Bluebird, staff are good, and communication is good as well." People we spoke with also praised senior staff. One person said, "The senior manager is efficient."
- Various quality assurance and monitoring systems were in place. For example, senior staff carried out spot checks on care staff that were unannounced. Records showed these looked at punctuality, staff appearance, how well they performed their tasks and how they interacted with people.
- Audits were carried out, including an annual audit by the quality assurance manager employed by the larger Bluebird Care organisation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place and there were clear lines of accountability. Staff were aware of their individual responsibilities and who they reported to.
- The registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the Care Quality Commission about and records confirmed they had done so as appropriate.
- People told us the service kept them informed of any problems. A relative said, "If they get a report from a carer about a problem they are straight onto me. They are very much on the ball. Generally, I am very impressed with level of cover."
- People and relatives were able to monitor the support provided on an on-going basis through the electronic recording system used by the service. The service also produced a regular newsletter for people, relatives and staff. This helped the service communicate with relevant persons so they could be kept up to date with any developments.

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

characteristics

- Mechanisms were in place for involving people, relatives and staff in the running of the service and enabling people to express their views. An annual survey was carried out of people and relatives. The results from the most recent survey contained generally very positive feedback.
- Staff told us and records confirmed that regular staff meetings were held. Several meetings with the same agenda were held in a short period of time, this was to maximise the number of staff who were able to attend these meetings. The minutes of the last team meeting held on 19 June 2019 showed it included discussions about documentation and record keeping and the new logging in system for staff.
- The provider and staff were very active within the local community, for example attending fetes, taking part in charity events and holding coffee mornings. People who used the service and their relatives were encouraged to participate in these events which helped to combat social isolation.

Working in partnership with others

- The service worked with other agencies to develop and share best practice. The registered manager told us the service works with the United Kingdom Homecare Association (a trade body for domiciliary care agencies) and Skills for Care (an organisation designed to provide support with staff development in the social care sector).
- The registered manager attended a provider's forum which was run by the local authority. They also worked with the local authority to help promote good practice. The local authority carried out monitoring visits and informed the Care Quality Commission they considered Bluebird Care (Waltham Forest) to be a good care provider.