

BenJeMax Limited

Bluebird Care (Lewisham & Southwark)

Inspection report

Unit 42
Brockley Cross Business Centre, Endwell Road
London
SE4 2PD

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26 July 2016

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25 August 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Bluebird Care (Lewisham & Southwark) on 26 July 2016. This was an announced inspection where we gave the service 48 hours' notice because we needed to ensure someone would be available to speak with us.

Bluebird Care (Lewisham & Southwark) is a domiciliary care service for people that receive extra care in their own home. At the time of our inspection there were nine people who received personal care and support from the agency.

The service had not been inspected before. This was the first inspection carried out by the Care Quality Commission.

The service had a registered manager in place. 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 were protected from abuse and avoidable harm. People and relatives told us they were happy with the support that people received from the service. Staff were aware of how to report alleged abuse and were able to describe the different types of abuse. Staff knew how to 'whistleblow'. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

Medicines were being managed safely as people received their medicine on time. Staff had been trained in managing medicines safely.

People and relatives told us they had no concerns with staffing levels and there had been no missed visits. Systems were in place to monitor staff punctuality and attendance.

Risk assessments for people that used the service were recorded and plans were in place to minimise risks.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place and being followed. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

Staff received regular one to one supervisions and had appraisals. Staff told us they were supported by management.

People were involved in planning their care and support and they received a service that was based on their

personal needs and wishes. Care plans were signed by people to ensure they were happy with the care and support listed on the care plan. Care plans were regularly reviewed.

Questionnaires were completed by people about the service, which we saw were positive. Spot checks were being carried out to check on staff performance and the results were communicated to staff.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and told us permission was always sought when providing support. People confirmed staff asked for consent. MCA training had been provided. MCA assessments were carried out to check if people had capacity to make certain decisions.

There was a formal complaints procedure. People were aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

Staff participated with people in activities such as playing games and going outside. People's preferences in activities were recorded in their care plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and relatives told us they were happy with the support people received from the service.

People were protected by staff who understood how to identify abuse and who to report to.

Recruitment procedures were in place to ensure staff were fit to undertake their roles. There were sufficient numbers of staff available to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff members were trained and had the skills and knowledge to meet people's needs.

Staff received supervision and told us they were supported by management

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

Staff supported some people with accessing healthcare services and knew how to identify and refer to appropriate healthcare professionals if people were not well.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding on people's background and preferences.

Is the service responsive?

The service was responsive.

Care plans were person centred and included people's care and support needs and staff followed these plans.

People participated in activities.

There was a complaint system in place. People knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Good ●

Is the service well-led?

The service was well-led.

Spot checks were carried out and communicated to staff.

The service sought feedback from people and staff through surveys.

Staff meetings were being held and documented.

Good ●

Bluebird Care (Lewisham & Southwark)

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 was carried out on 26 July 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including the Provider Information Return pack, which the service send us to tell us how they manage the service under the five key lines of enquiries. We also made contact with social and health professionals for any information they had that was relevant to the inspection.

During the inspection we spoke with the provider, registered manager and supervisor. We also looked at five care plans, which consisted of people receiving personal care in their own home. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

We also looked at other documents held at the service such as quality assurance documents, risk assessments and staff meeting minutes.

After the inspection we spoke with one person, three relatives and three staff members.

Is the service safe?

Our findings

People and their relatives told us they were happy with the support received from Bluebird Care (Lewisham & Southwark). A relative told us, "We trust them [staff], very well" and another relative commented, "[The person] feels very safe." A person told us, "They [staff] are very good."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. Staff members were able to explain what abuse was and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service.

We looked at the provider's safeguarding procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

People told us that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were happy before leaving. One relative commented, "They are normally very punctual." Staff were able to tell us about people's needs and told us that the care plans reflected the care that they provided. There was a system in place for staff to alert management if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. People and relatives told us that there had been no missed appointments. One staff told us, "We have lots of staff."

Assessments were undertaken with people to identify any risks and provided clear information and guidance for staff to keep people safe. There were assessments for everyone in relation to fall/slips, moving and handling, mobility, medicines, finance, nutrition and security. The risk assessments detailed how staff should manage these situations to ensure the safety of the person. Assessments were regularly reviewed and updated to ensure they were current. Assessments involved people and were signed by the people to ensure they agreed with the contents on the risk assessment.

Records showed the service obtained two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files.

The service did manage some people's medicines and the people and relatives we spoke to told us the service managed medicines safely. Staff had been trained in medicine and also competency checks were carried out to check their understanding in safe management of medicines. A staff member told us, "We went through all types of medication training." There were risk assessments on medicines, which listed if

people managed their own medicines, supplier details, the prescription and the type of medicine. The service regularly audited the management of medicine and we saw action was taken when the audit identified areas that may require improvement.

People's medicines were recorded via the provider's electronic system called, PASS. The system enabled the provider to document people's Medication Administration Record (MAR), with the time and dose the medicine was to be administered. Staff had to record that the medicine was administered on the PASS system, which they accessed by phone. If the medicine was not administered or not recorded, then an alert would be raised immediately with management who would then investigate on why the medicine had not been administered. The registered manager told us this worked well as the system minimised risk of people not receiving their medicine on time. We looked at people's medicine administration records (MAR) on the system and found that people received their medicine regularly and on time. Where people may not have received their medicine, reasons had been recorded on why the medicine had been missed such as refused. Staff told us that the PASS system was easy to use and was helpful.

Is the service effective?

Our findings

People and relatives felt that staff had the skills and knowledge to meet people's needs effectively. One relative said, "They [staff] do a good job, they have got good staff." Another relative commented, "They really are making sure [the person] is right." One person told us, "Staff are very good." A social professional told us, "[Registered manager] and her team were very professional, very person centred and very skilled within supporting a person in a person centred manner as well as their knowledge of the condition and management strategies.

Staff told us that they received induction training when they started working at the service and the training was useful. Records showed that the induction programme covered important aspects in health and safety, infection control, communication, moving and handling and person centred care. One staff member told us, "Induction was very useful."

Records showed that staff had undertaken mandatory training, which included first aid, moving and handling, health and safety and in the Mental Capacity Act 2005 (MCA). Staff had also undertaken training in specialist areas such as dementia and Alzheimer's. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Records showed that some staff had completed the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. New members of staff were training to complete the Care Certificate.

Records showed that the home maintained a system of appraisals and supervision. Staff confirmed that they received supervision and support from management. A staff member told us, "I am supported, very much so" and another staff commented, "[Registered manager] is very supportive and very approachable." Individual one-to-one supervisions were provided recently that addressed performance and training needs. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016. The appraisals had a personal developmental plan and identified the training and action required to develop staff.

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.

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

The registered manager and staff members had a good understanding of the Mental Capacity Act (MCA) and understood the principles of the act. We saw documentation that capacity assessments were completed to ascertain if people had capacity to make a specific decision such as whether people were able to make certain decisions about the care and support that they received. People confirmed that staff asked for

consent before proceeding with care or treatment. A staff member told us, "I always ask for their [people] consent."

People told us that they mostly did their own food shopping and made their own food. Records showed staff supported some people with meals. Staff told us that people were given choices when they supported people with meals. People and relatives confirmed this. Food was discussed with people and care plans listed what types of food people liked and their preferences.

Staff told us that most people did not require help with accessing healthcare services but were happy to support people if needed. One staff member told us they supported a person to go to hospital for appointments. People's care plans listed details of health professionals such as GP and included their current health condition. Staff we spoke to were able to tell us how they would identify if someone was not feeling well such as a change in their behaviour and body language or not able to eat. Staff told us depending on the situation they would report to family members or to management and in serious situations would call a doctor or ambulance. People and relatives told us they had confidence that staff were able to identify if people were not well. A relative told us, "[The person] hurt his head, [staff] was fantastic, [staff] knew what to do."

Is the service caring?

Our findings

People and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and treated people as individuals, taking time to have meaningful conversations. One person told us, "They [staff] are caring." A relative told us "Staff are excellent" and another relative told us, "[Staff] is very nice, [staff] has a empathy and understanding." The staff we talked with spoke fondly of the people that they provided support to.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of people and the support they required. They told us they always encouraged people to do as much as they could to promote independence. One staff member told us that they helped promote independence "By helping them [people] to do as much as possible by encouraging them." Care plans described daily routines in detail including information on what people would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plan. People and relatives told us that people were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. A relative told us, "They [staff] respect privacy and dignity." A staff told us, "I always knock on their door." Staff told us that when providing personal care, it was done in private. One staff member commented, "I make sure their [people] body is not exposed and covered and provide support in privacy with their [people] consent." People and relatives told us that staff treated people with respect and with dignity when providing personal care.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy and staff members were trained on equality and diversity. Religious beliefs were discussed with people. Their preferences were recorded in care plans. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. People and relatives we spoke to had no concerns about staff approach towards them.

People and relatives told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care tasks. People were supported to use their preferred style of communication and these were recorded on care plans for staff to understand how people communicated.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A relative told us, "They [staff] are very good at responding" and a person told us, "Staff are very good."

All care plans had a personal profile outlining the person's living conditions, support needs, care visits and tasks. There was a timetable, which consisted of daily activities and support needs for each person during visits. There was a 'What is important to me' section for each person providing information on people's background and also included what people enjoyed doing and key memories they held that was significant to them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. Staff told us they get time to provide person centred care. One staff commented, "We get more than enough time." Care plans were signed by people to ensure they agreed with the information in their care plan. Care plans were also recorded on the providers PASS system, which enabled staff to view people's care plans and support needs electronically through their phone. The PASS system allowed the service to ensure support needs had been completed in full as staff had to confirm this had been completed through the electronic system. If a task had not been completed with a reason being recorded an alert would be sent to head office and a member of management or the staff member would then record reasons why the task had not been completed.

Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. Care plans were updated should peoples need had changed following reviews. Records showed that the service included the people in reviews.

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts about the care people had received during each shift.

There was an activities and companionship section in people's care plan that listed what activities people preferred and enjoyed doing. People and relatives confirmed that people participated in these activities. A relative told us, "[The person] plays crosswords and plays card games with them [staff]." A staff member told us, "[The person] likes going for walk, so we go for a walk, go to shops and have coffee" and another staff commented, "I try to be interactive, doing what they [people] like to do."

Records showed complaints were investigated in full and appropriate action had been taken with the outcome recorded. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. One person told us, "Nothing at all to complain about" and a relative commented "I have no concerns." When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the management team.

We saw the service had received compliments from people and their relatives. Comments included, "Extremely happy with the support given by the [staff]. They are all friendly, capable and supportive" and "Thank you for all your hard work and kindness in looking after [the person]."

Is the service well-led?

Our findings

People and relatives told us they were happy with the support provided by the service. A relative commented, "I am happy with the service from them [Bluebird Care, Lewisham & Southwark]" and another relative told us, "They [Bluebird Care, Lewisham & Southwark] do provide good service." Staff told us they were happy working with the service. A staff member told us, "I do enjoy working for them [Bluebird Care, Lewisham & Southwark]" and another staff member commented, "Enjoy working here [Bluebird Care, Lewisham & Southwark]."

The service had signed up to the Social Care Commitment, which is a Department of Health initiative developed by the Adult Social Care sector. The Social Care Commitment is to ensure that people who need care and support are provided with high quality services. Making the commitment involves agreeing to statements and selecting tasks to help put those statements into practice. Tasks cover activities such as recruiting the right staff, having a thorough induction and training programme, ensuring a strong culture that values dignity and respect and effective communication. Staff told us that this was communicated in their induction programme and supervisions.

The management team and staff spoken with had a clear understanding of how to provide a good quality service. The registered manager had a clear vision for ongoing improvements such as working with dispensing chemist to send MAR's electronically to the providers PASS system and raising awareness of adult social care services to people that may need personal care in the future by attending day centres.

The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they were providing a good quality service. This was confirmed by staff. Records confirmed spot checks were being carried out and the results were communicated to staff.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. We saw the results of the recent questionnaires, which included questions around staffing, infection control and service. The overall feedback was positive. Comments from the survey included, "They are both exceptional carers, very compassionate and understanding" and "The service is excellent."

The results of the survey were analysed. We found that some people suggested areas of improvement that could be made. Records did not show if an action plan was in place to ensure the suggestions were addressed. This would help ensure that high quality care was being delivered at all times.

Staff members were positive about the registered manager. One staff member told us, "[Registered manager] is a good manager" and another staff member commented, "She [registered manager] is nice, very helpful." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff told us they could speak with the registered manager when they needed to and felt that their comments were listened to.

Staff meetings took place. At these meetings staff discussed people that were receiving care and support, concerns and policies. Minutes of the staff meetings were available for staff to view, if needed.