Bluebird Care Services Limited

Bluebird Care Newham & Tower Hamlets

Inspection report

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Date of inspection visit:
05 September 2016
07 September 2016

Date of publication:
26 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 5 and 7 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to talk to us.

Bluebird Care Newham and Tower Hamlets provides people with personal care in their own homes. They provide care to older people, as well as people with physical disabilities and people with learning disabilities. At the time of our inspection they were providing care to 36 people.

Bluebird Care Newham and Tower Hamlets registered with the Care Quality Commission in April 2016 when they took over the running of the service from a different provider. At the time of the inspection the business manager's application to become the registered manager was being considered. 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 told us they felt safe when they received care. Staff were knowledgeable about how to protect people from avoidable harm and abuse. Records showed staff raised any concerns about people's safety and the provider took appropriate action to ensure people's safety. The service identified risks faced by people and implemented measures to mitigate these risks.

The service had identified that staffing levels, and staff availability were currently insufficient to meet the needs of people using the service. The service was completing a targeted recruitment drive to address this issue. Staff were recruited in a safe way that ensured they were suitable to work in a care environment. Once in post staff received the support and training they required to ensure they had the necessary skills to perform their roles.

The service supported people to take their medicines. Management audits had identified that records of medicines administration were not consistently completed. The service was taking action to address issues with medicines management to ensure this was done safely.

People were involved in writing and reviewing their care plans, with relatives where appropriate. Care plans were detailed and personalised. Where the service supported people with eating and drinking, documentation was detailed and ensured staff had the information they needed to ensure that people ate and drank enough and maintained a balanced diet. Where people had health conditions that affected how they received support this was clearly recorded along with the actions staff should take to ensure people had appropriate access to healthcare services. Records showed the service liaised with healthcare professionals as needed. Care plans were reviewed and updated in response to people's changing needs.

People told us staff had a caring attitude and they had developed positive relationships with their regular care workers. People told us they felt they were treated with dignity and respect. Staff spoke about the people they supported with kindness and affection. Staff demonstrated an understanding of the impact they had on people's lives. Care plans contained details of people's cultural background and religious beliefs including how this affected how people wished to be supported.

The service had a robust complaints policy and people told us they knew how to make complaints. Records showed the service operated with transparency and responded to all negative feedback as a complaint. Feedback was analysed and this led to action plans to ensure that lessons were learnt from feedback.

People, relatives and staff all spoke highly about the management of the service. People and relatives told us the quality of the service had improved. Staff told us they felt supported to develop by management. The provider completed regular quality assurance audits in the service and had clear plans in place to improve the quality of care delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service did not have enough staff available to work with people. They were recruiting additional staff to address this.

The management of medicines was not always in line with best practice.

People told us they felt safe and staff were knowledgeable about protecting people from avoidable harm and abuse.

The service had robust risk assessments in place that ensured that people were protected and their freedom was supported and respected.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to enable them to have the knowledge and skills required to perform their roles.

People consented to their care and treatment. The service followed legislation and guidance.

People were supported to eat and drink enough and to maintain a balanced diet.

People's health needs were clearly recorded and the service supported people to access healthcare services where required.

Is the service caring?

Good

The service was caring.

People told us staff were caring and they had developed positive relationships.

Staff spoke about the people they supported with kindness and affection.

People's views and preferences were clearly recorded in care plans.

People told us they felt they were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and reviewing their care.

Care plans were personalised and contained details of people's preferences.

The service had a complaints policy which people and relatives told us they were confident to use. Records showed the service listened and learned from feedback received.

Is the service well-led?

Good

The service was well led.

People, relatives and staff all spoke highly of the branch manager.

Records showed clear management structures in place with support structures to ensure clear leadership and management.

The service completed a range of quality assurance audits which produced clear plans to improve quality. Staff were committed to improving the quality of the service.

Bluebird Care Newham & Tower Hamlets

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 took place on 5 and 7 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to talk to us.

The inspection was conducted 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. The expert had experience of caring for someone who used domiciliary care services.

Before the inspection feedback was requested from local authority commissioning teams and the local Healthwatch. We reviewed the information we already held about the service, including statutory notifications we had received.

During the inspection we spoke with three people who used the service and eight relatives. We spoke with 11 members of staff including the national care advisor, the business manager, the care manager, two field supervisors and six care workers. We reviewed five people's care files and eight people's medicines records. We reviewed four staff files. We also looked at various meeting minutes, audits, action plans and documents relevant to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe while receiving a service. One person said, "Yes, I do [feel safe] with them." Relatives also told us they thought their relatives were safe with staff. One relative said, "My relative is safe, they handle [my relative] very well and are good with their moods, they keep [my relative] calm." Another relative told us, "[My relative] trusts them."

Care workers we spoke with were confident about what actions they would take if they were concerned that someone had been abused, or was at risk of abuse. All the care workers told us they would report any concerns to the office immediately. The service had a robust policy regarding safeguarding adults from harm, and the local contact details for the relevant safeguarding teams were prominently displayed on the wall of the office. Records showed the service responded to concerns and incidents appropriately, liaising with the local authority and taking actions to ensure that people were safe. The service informed CQC of safeguarding concerns as required.

It was noted during inspection that some of the office based staff had not yet received appropriate training on safeguarding adults. The business manager produced records that showed that this had been identified as part of their induction training and they were booked to attend appropriate training. Care workers had received training in safeguarding adults, and the service was re-running this training to ensure that staff had a thorough understanding of safeguarding adults processes. This meant that people were protected from avoidable harm and abuse that may breach their human rights.

Care files contained a range of risk assessments designed to mitigate risks faced by people. These included risks associated with moving and handling, personal care, nutrition and hydration and medicines. The risk assessments were robust and contained details of the measures that staff should take to reduce risks. For example, moving and handling risk assessments included details of the size of sling, type of hoist used and how much the person was able to assist with the manoeuver. During the inspection it was noted that some details regarding how risks were mitigated were known by staff, but not captured in the written documentation. The provider submitted updated plans containing this detail. This meant the service was managing risks to individuals so people were protected.

The service supported people to take their medicines. People and their relatives told us they had confidence in the staff supporting them to take their medicines. A relative said, "Oh yes they support [my relative] with medicines. They are well trained. Everything is detailed." Staff described the process of administering medicines confidently and told us how they would respond to discovering a medicines error, such as a missed dose. A care worker told us, "First I'd check with the person if they could explain why it wasn't taken. I'd tell the office and they'd tell me what to do next."

People had medicines care and support plans and medicines administration records (MAR). These were completed by senior staff based in the office. The information on the MAR charts had been taken from a number of sources including hospital discharge summaries, letters from specialist nurses and GP clinical summaries. The information on the MAR charts did not match the information in the medicines care and

support plans. This meant care workers did not have the most up to date and accurate information to enable them to provide the best level of care. The provider told us they were working on improving the medicines information held. Since the inspection the provider has completed a full audit and reconciliation which has ensured that they hold the most up to date information on people's medicines.

The level of detail provided to care workers in how to support people to take their medicines varied. In the most up to date care plans the level of detail was very high and clear instructions were provided. These included details of what each medicine looked like, its purpose and how to support the person to take it. Other plans were less detailed and were not easy for care workers to follow. In one case, the person's morning medicines were removed from a monitored dosage system (blister pack) by a relative so that one medicine could be given before breakfast. The relative then left all the medicines in a pot on the table for the care worker to administer after the person had eaten their breakfast. This constitutes secondary dispensing. Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. This practice was against the provider's medicines policy. The provider demonstrated to us that they were seeking advice on how to best manage this situation.

MAR charts viewed contained numerous gaps in recording of doses given to people. The business manager told us they had conducted an audit of all people receiving support with their medicines. This audit included visiting each person at home and checking their medicines supplies. The audit concluded that doses had been given but not signed for. The business manager had arranged for all care workers supporting people with medicines to be retrained. Since the inspection the business manager provided updates confirming this training had taken place. The business manager was completing the medicines audits, but planned for this to be delegated to supervisory staff in the future who also performed spot checks which ensured that people have been supported to take medicines as prescribed.

There had been a number of missed visit incidents that had resulted in people missing doses of their medicines. The provider had taken appropriate steps at the time to ensure people's safety and was addressing these issues through appropriate channels including disciplinary action where necessary.

The business manager told us that staffing levels, and continuity of staffing for people using the service was an on-going challenge. This was reflected in the feedback from people and their relatives. One person said, "They don't have enough staff." A relative said, "There have been problems before, but not recently." Another relative told us they appreciated that the office staff were aware of and working on staffing level issues. They said, "We get a call now if there is a problem." Staffing levels affected the continuity of service when regular care workers were off sick or on holiday. Office based staff and care workers, people and their relatives all highlighted the service had difficulties covering both planned and unplanned staff absences. At the time of inspection office based staff, including the care manager and business manager, were providing cover when care workers were unavailable. Records showed the service was in the process of recruiting new care workers and had established systems to ensure staff completing rotas had up to date information about staff availability.

Records showed staff were recruited in a safe way. Records showed that staff provided a full employment history and the service checked references and completed criminal records checks to ensure staff were of a suitable character to work in a care setting. Interview records showed that staff were assessed to ensure they had the knowledge and skills required to work in a safe way. The provider had taken over the service from a different provider which meant they had not directly recruited many of the staff. The provider had completed audits of staff files and where they had found information was missing had taken action to ensure they had the information required for them to be satisfied that all the staff were suitable and safe to

work in a care setting.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were good at their jobs. A relative said, "They are good at what they do, and patient." The provider had identified concerns regarding the integrity of staff training records received from the previous provider. As a result of this, they had implemented a programme of re-training all staff in key areas. Records showed that staff had received updated training in medicines, moving and handling, and safeguarding, as well as all staff completing the care certificate. The care certificate is a recognised training programme that ensures that staff have the fundamental knowledge required to work in a care setting. Records showed staff were making progress in completing this. The care manager had completed a number of train the trainer courses to facilitate the delivery of classroom based training to care workers to supplement the online training courses they completed.

When care workers joined the service, they were required to complete training before starting work. They then completed a period of shadowing more experienced colleagues. One care worker said, "There is a formal induction process. I did training with the care manager and some shadowing. Even now I normally do morning calls with a more experienced carer who can show me what to do. They give me advice." Care workers told us they received supervision which they found useful and supportive to help them develop in their roles. One care worker said, "Supervision is good for us, we can explain or situation or ask for things. We can tell them things and they [senior staff] will sort it out." This meant that staff were supported to develop the knowledge and skills they needed to carry out their roles and responsibilities.

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 if the service was working in line with the principles of the MCA.

Care plans each contained a section relating to people's ability to make decisions. This included whether or not they had authorised anyone else to make decisions on their behalf or if they wished for anyone else to be involved to help them make decisions. One person's file contained conflicting information regarding whether another person had legal authority to make decisions on their behalf. During the inspection the provider attempted to clarify the situation. The other people all made their own decisions and their consent to their care plans was recorded by their signatures. People told us that care workers asked their permission before providing support. Relatives also told us care workers sought consent from people and responded appropriately. One relative said, "They respect their wishes."

The service supported some people with their meals. People's dietary preferences were included in their care plans. These also included detailed information on people's preferences including how they liked their meals to be prepared and presented. Where people required physical support to eat their meals, this level of support and how to provide it was contained in the care plan. During the inspection it was noted that one person's health condition meant there were likely to be extreme restrictions on their dietary intake. The service took immediate action to seek advice from relevant health professionals that ensured the care plan

contained the most up to date information. Another person's care plan contained information that suggested they may have difficulties swallowing, however, the care plan did not contain details of advice from the appropriate health care professional. The provider explained that this person's relative supported the person's meal preparation, staff only supported the person to eat the meals that had been prepared. Given the risks posed to people when they have swallowing difficulties, the provider sought clarification from the person's relative and updated the care plan appropriately.

Care plans contained details of people's medical history, including current medical conditions and the impact they had on their lives and staff's role in supporting people to manage their health conditions. Relatives told us they were confident that staff knew how to support people with their health needs. One relative said, "I am very confident [they can support with my relative's health needs]. I think they are very aware." Care workers told us they would report any concerns they had about people's health to the office. Observations showed office based staff were confident to contact relevant health professionals to ensure staff had the most up to date information. Staff told us that updates to people's health conditions, and the actions that staff had to take were shared through telephone updates. The service had a plan to adopt an electronic care records system with mobile handsets for staff which will ensure that updates to care plans and health information is shared immediately and accurately with all relevant staff.

Good

Is the service caring?

Our findings

People and their relatives told us they thought staff were caring. One person said, "They are very good." A relative said, "They are very caring." Another relative said, "They make my relative smile and keep her happy." However, one person felt that staff were too rushed to show they cared. Staff demonstrated they understood the impact they had on people's lives. Several staff told us they understood that people get very frustrated if they were late.

Staff spoke about people with kindness and affection. Staff described how they could interpret people's moods from their behaviour and how they had a role in improving people's days. During the second day of the inspection, staff noticed at lunchtime they had not heard from a person who usually contacted them multiple times a day. Having checked that there were no messages from them, a member of staff called them immediately to check on their welfare as their pattern of behaviour had changed. This demonstrated a caring attitude among the staff.

People and relatives told us that where they had regular care workers attending, positive relationships had been developed. One relative said, "They [care workers] are friendly and stay and chat. They have a spring in their step." Another relative said, "They are like family now."

People and relatives told us they felt that staff respected them. One relative said, "They show respect for us both and are always polite. A care worker told us, "I'll make sure the door is shut, and that they're covered. It's the little things that make the difference to how people feel, talk to people. I always let people know what I'm doing."

Staff who completed assessments demonstrated they understood the cultural differences and sensitivities that affected how people wished to receive care and explained how they encouraged people to be open about their needs and wishes. One staff member said, "Some people can feel very embarrassed, or even ashamed [when talking about personal care]. People are letting us into their private spaces. I try and give some scenarios of how people might want different things and that can draw them out."

Care plans contained details of people's cultural background, including details of how this affected how they wished to receive their care. For example, some people made requests for a care worker of a specific gender or who could speak a specific language. The business manager recognised the service found it challenging to meet these preferences but was completing targeted recruitment to meet these needs. Care plans also contained details of people's religious beliefs and how they wished to be supported with them.

Good

Is the service responsive?

Our findings

People and relatives told us they had meetings about their care and had been involved in writing their care plans. One person said, "There have been meetings about [my care plan]." A relative told us, "We have a care plan. They [staff] have been in to review it regularly." The provider had not started working with any new people since they took over the running of the service. However, they had completed a new needs assessment for all the people they provided support to. As part of this process the provider had identified that they were not able to meet some people's needs safely. Records showed that the provider had liaised with people and relevant professionals to ensure that these people's needs were met by other providers.

The provider was in the process of changing the record keeping and care planning system. Records showed that care plans contained details of the areas in which people wished to be supported and their preferences about how to be supported. Care plans contained detailed instructions for care workers to follow, including the location of equipment and supplies and the order in which people wished to be supported. For example, one person's care plan contained details of the exact order they wished to receive personal care as well as their likely preferences for breakfast choices. In addition, this plan specified the different levels of support the person would require with moving and handling depending on their physical health on the day.

Another person received different support depending on the day of the week, as they had regular appointments. This was detailed in the care plan. Records showed that supervisory staff had met with people and gone through the details of their care preferences. This ensured that the service knew and respected people's preferences. It also ensured that new staff attending had the information required to provide support in line with people's preferences.

Care workers told us, and records confirmed, they raised any concerns that people's needs had changed with office based staff who liaised with people and made changes to planned care as required. Where this required additional resources, or liaison with health or social care professionals, records showed the service escalated issues appropriately. The provider recognised that staffing capacity levels meant they were not able to provide as flexible a service as they wanted. This was because it was sometimes difficult for them to change the times of people's support. People and relatives told us the service would adjust their support if they wanted. A relative said, "They will adjust it [care plan] as needed."

The service had a robust complaints policy and procedure. People and relatives told us they were confident to make complaints. One relative said, "There has been no need [to make a complaint]. They are responsive to our needs." Another relative said, "I know how to make a complaint. We had a few problems in the past. We raised these points and they have been addressed." A third relative said, "I have had complaints in the past but in the last few months there had been a marked improvement."

Records showed the service captured and responded to all negative feedback as complaints. The business manager conducted investigations and responded to people and relatives who raised complaints in line with the timescales contained in the policy. Records showed management completed regular audits and analysis of complaints received to identify themes. These generated action plans to address the issues and

demonstrated the service was learning from people's experiences. For example, the audit identified missed calls and matching of care workers with people as themes and had a clear plan to address missed calls, including disciplinary action against staff where appropriate. The service was completing targeted recruitment to improve matching of care worker skills with people's needs.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the business manager and office based staff team. One person said, "They [office staff] are very responsive." A relative told us, "It is well run." Relatives were positive about the communication of the business manager. One relative said, "[Business manager] came round. He's quite nice and listens." Another relative said, "[Business manager] is a good listener." Throughout conversations with people and relatives, the message was clear that significant improvements had been made to the service particularly regarding communication and transparency. One relative said, "There were so many problems in the past. It's so much better, we are kept informed. It is much improved, everyone seems much happier now, us included."

Staff provided positive feedback regarding the leadership and management of the service. One care worker said, "If I've any problems they will always listen to me. The office is listening and more organised." A second care worker said, "It is better now. They are listening to us and now we have time for travel." A third care worker said, "I'm 100% getting what I need from management. [Business manager] is wonderful. He knows our names and that's important."

The office based team at the service had been through significant change since the provider took over running the service. This had included the recruitment and induction of new staff members. The management of the service had worked with new staff in a constructive and supportive manner to ensure they understood their roles and were working to deliver a high quality service to people. Office based staff told us they felt supported and encouraged in their roles. One staff member said, "If [business manager] can see I can't understand they check. They listen to our ideas. It makes it so much easier to do my job. I feel confident because it has been checked each step of the way." Another member of staff said, "[Business manager] is always there when you need help. I was [learning new part of role] and they were my backbone." It was clear from observations of interactions during the inspection that staff felt comfortable asking for support, and took on and used advice and guidance given. All the staff we spoke with demonstrated they were committed to improving the service people received. One member of staff said, "I can't wait to get the work done and do our roles properly."

The business manager had worked with the provider to identify and prioritise areas where the service needed to improve. Records showed there were clear action plans in place with realistic timescales in place for change. Records showed the business manager provided regular updates on progress and received support from the provider to implement change. The business manager and provider were clear the priority for the service was to improve the quality of experience for people receiving a service. The service was not planning on expanding the number of people they worked with until they were satisfied the quality had improved.

The service completed a range of quality audits, including medicines reviews, care file reviews and audits of records of care. These were currently completed by the business manager, who told us they planned to delegate these to other staff as they became more confident in their roles. Records showed the audits considered the quality of service and resulted in action plans with clear timescales for improvement if poor

quality was identified. Actions included training for staff as well as clear communication with people and relatives.

The service had conducted a survey of their staff and records showed that most staff were satisfied with their roles and how they were managed. Where staff had raised issues they had been contacted by a senior manager from the provider for follow up. The service had attempted a survey of people who used the service and their relatives, but no surveys had been returned.

The service held daily risk management meetings in the office where missed calls and any feedback from people and relatives was discussed. The meeting was also used to plan reviews and highlight if any changes were required to the rota. The service had also held two meetings for the entire staff team. One of these had been held when they had just taken over the service and the second in July 2016 when the branch manager joined the service. Care workers we spoke with told us they would like to have these meetings more regularly.