

Bayford New Horizons Limited

# Bluebird Care (Sutton)

## 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

This inspection took place on 16 November 2017. When we last visited the home on 29 September 2015 the service was meeting the regulations we looked at and was rated Good overall and in all five key questions. At this inspection we found the service remained Good.

Bluebird Care Sutton is a domiciliary care service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Sutton and the surrounding areas. This includes people with physical disabilities and dementia care needs. At the time of the inspection they were providing personal care for 96 people.

The service had a manager who was in the process of applying for registration with the Care Quality Commission (CQC). The previous registered manager left the post recently. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The service was safe. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the care staff. Robust recruitment procedures were followed to ensure as far as possible only suitable staff were employed. Staff were trained to safeguard and protect people. They were aware of their responsibility to report concerns.

People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

People were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the manager responded to complaints received in a timely manner.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The manager and other senior staff were committed to providing a good service for people. There were quality

assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The responsiveness of the service remained good.

### Is the service well-led?

Good ●

The service remains Good.

# Bluebird Care (Sutton)

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 November 2017 and was announced. The location provides a domiciliary care service and the manager was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with one of the directors, the operations manager, the manager, one of the care co-coordinators, the supervisor and three staff. We reviewed the care records of four people who used the service, and looked at the records of four staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe in the hands of the staff who provided support to them. Relatives told us they thought their family members were safe and had no cause for concern regarding their safety. One person said, "The girls who come and support me help me to be more comfortable and I feel safe". Another person said, "I do feel safe. It's important for us to know the carers who are coming to support us and we do know them. We get on well with them." Someone else told us, "If there are any changes in the visits they [the office] telephone and let me know."

The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. Staff had received training in safeguarding. Staff we spoke with understood what action they needed to take to keep people safe. They were aware of the signs of abuse and were confident about reporting abuse; either to the manager or to more senior managers or to the local authority social services, if this was needed. One member of staff said, "I would report any concerns immediately to the manager. If they were involved or someone else in the office was I would contact the social services safeguarding team." The manager understood their responsibilities and informed us that any concerns regarding the safety of a person they provided support to would be discussed with the local authority safeguarding adult's team.

The provider continued to keep people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments were developed together with the person in order to agree ways of keeping people safe. People were also enabled to have choices about how they were cared for. The risk assessments covered the range of daily activities and other possible risks including preparing food and assisting with medicines. We saw risk assessments of the home environment were undertaken and these helped to ensure staff were working and caring for people in a safe environment. The procedures helped to ensure the safety of staff and the person in their home.

Recruitment practices remained safe. We looked at staff personnel files and saw the necessary recruitment steps were carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

The office based staff included the manager, care co-ordinators, a supervisor and an administrator to support the running of the service and offer support where necessary. At the time of this inspection there were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We were told these were adjusted according to the needs of people using the service. However we were told by people that up until recently there were changes in the staff who supported them and this had unsettled them. The manager told us there had been a high level of staff sickness that disrupted staff rotas and staff working patterns. This was echoed by staff we spoke with at the inspection.

The manager told us that they had recruited additional staff and this together with a lower level of staff sickness had improved the issue. People we spoke with confirmed that things had improved over the last few weeks. One person told us, "Timing could have been better before but this has improved lately." Another person said, "I haven't had regular carers all the time until recently when it has got better." Someone else said, "It has improved, they are more consistent now and I seem to be getting the same carers now who know what they are doing."

The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. The out of hours on call system supported both staff and people 24 hours a day.

The service continued to have a good system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring, staff were aware of the process to take to report the occurrence. Records showed that an investigation was carried out and an action plan developed if necessary. The provider also logged accidents and incidents on a central system, so that an analysis of the occurrences could be investigated for any trends and from this preventative measures put in place. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines continued to be administered safely. The manager told us where people lived in their own homes or with their family, a medicines plan was developed for each individual person, so that appropriate assistance could be provided to people. We saw medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. The MAR's we looked at were up to date and accurate. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

## Is the service effective?

### Our findings

Since the last inspection the provider had introduced technology that we saw enhanced the delivery of effective care and support to people. People commented to us on this. One person said, "They can call up my care plan on their phone, see exactly what care I need and record what they have done while they were with me." Another person said, "It means everything is up to date and staff who come here to support me have the most up to date information. It means I do get the support I need." Relatives and staff also commented positively about this new technology and said how it had improved the delivery of care. One member of staff said, "All the most up to date information is available for us, so when we visit someone we know what help they need and it is totally up to date." Another member of staff said, "The Pass system works well."

The "Pass" system is an electronic method of recording care plans and other care information such as medicines administration records (MARs). The operations manager told us that each member of staff is supplied with a mobile telephone on which they can view care plans and record the care and support they have provided for people. Staff in the office can access this as well and this has greatly helped to ensure people benefit from being cared for by staff who have the most up to date information about them.

At this inspection, we found staff continued to have a good level of skills, experience and support to enable them to meet people's needs effectively. One person said, "The staff know what they are doing and they do seem to be well trained." Another person said, "Staff are well trained and knowledgeable." Staff members we spoke with told us access to training was good and we saw from certificated evidence they received all the training they needed. Training was provided either through classroom teaching, eLearning or through discussion sessions. Training was also sourced from the local authority and other training providers. One member of staff told us, "Training is regular and it really helps me to do my job better." Records showed the majority of training was up to date and where training had expired, refresher training was arranged.

We saw new staff had a thorough induction which included face to face training and supervision from more experienced staff. One member of staff told us, "I hadn't worked in this field before so a good induction and shadowing experience was important for me. I found the induction training and shadowing other staff gave me everything I needed to work alone with confidence." Staff told us they were also undertaking training in the Care Certificate and we saw certificated evidence of this.

Records showed staff had regular one to one meetings with their line manager. In addition most staff had had an annual appraisal. Where staff had not had their appraisal, one was planned. This provided an opportunity for the manager to assess their work and plan their development needs. Staff received regular supervision in two ways. An observation assessment while performing their role in people's homes and one to one supervision. This enabled the manager to be confident about staff competence when working alone in the community. The supervisor looked at all areas of care provided and recorded their observations. They fed back to the staff member after the observation. Records showed positive as well as constructive feedback was given to help the staff member to improve their practice.



Some people we spoke with needed assistance with the preparation of their meals. People told us staff prepared food of their choosing and were left with snacks to eat and also drinks within easy reach between visits. Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff told us they always asked people for their consent before providing care and support. People we spoke with confirmed this with us and staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

## Is the service caring?

### Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. The rating continues to be good.

People told us they were treated with kindness and they said their privacy was respected and their dignity maintained. Staff informed us they sought consent from people before they commenced any care tasks. They explained how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff had received training on maintaining confidentiality.

People were positive about the support they received from staff and how caring the staff were towards them. One person told us, "All the staff who come here to help me come in their uniforms and wear their badges. They always leave the place clean and tidy." Another person said, "I am very happy with the service, the staff do as I need and are often happy to go the extra mile if they have time."

Staff knew people well and their preferences for care. People told us that they liked to have their own regular staff as they knew them better and were more likely to understand their needs and preferences. People told us that with the regular staff they were better able to build trusting relationships with them. Staff said their preference was to have regular calls to the people they supported. This meant people were cared for consistently. One person told us, "Having the same people visit is welcomed." A member of staff told us, "Continuity and the building of relationships is very important to us as we can build trusting relationships with people."

Staff understood and promoted people's privacy, dignity and independence. People we spoke with told us staff helped them do things for themselves whenever possible and encouraged people to be as independent as possible. Care plans contained information about the tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life. One person told us, "Sometimes I can do more than at other times. Staff always ask me what level of support I need."

Some people also received care from relatives. We found staff were respectful of the relative's care role. The provider recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. One relative told us, "Since we started having this service the staff have provided us with a lifeline that has enabled my [family member] to remain at home and given me some time for myself."

People told us they were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any

changes to visit times.

## Is the service responsive?

### Our findings

People we spoke with told us their care and support was planned together with them. They told us right at the start of the service they were assessed and they were asked for their preferences and wishes as to how they wanted their care to be provided for them. We saw the assessment took account of all areas of people's lives including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. One person's relative we spoke with said, "The carers have an excellent understanding of people's social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support."

People said the assessor was keen to make sure their care and support plan was right for them in every way. They said they were asked about their interests and their lives in general so as to ensure the matching of staff who would support them was the most suitable that could be provided. As a result of this people told us they recognised there were positive improvements to their physical and mental wellbeing.

A relative said, "We were amazed at the detail of the initial needs assessment they did for our [family member]. It was so comprehensive and yet at the same time we saw it was structured to encourage people to be able to continue doing what they wanted and could for themselves." Another relative said, "Our [family member] was assessed for the support they required depending on their ability and what they could do for themselves. It was very comprehensive and the finished result reflected all their individual needs."

We saw the provider matched staff with the people they supported in terms of their personality, interests, skills and experiences. For example one person had requested only to be cared for by female staff and was provided with female staff for their visits.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Reviews were held as necessary or every six months. Office based staff made regular calls to people at the start of the service and after all reviews to ensure the care provision was meeting their needs and their wishes. All the staff we spoke with said the management were very responsive to people's changing needs or wishes and acted quickly to review the care plan. The staff recorded daily the care and support given to each person. We saw evidence these records were clearly written and informative.

The service was responsive to people's needs and requests in relation to the staff who supported them. With the introduction of the new Pass system we saw that changes to people's call times and the duration of calls could be easily accommodated. The technical innovations provided by the new Pass system had greatly assisted this. The operations director told us, "We now have the flexibility with this system to ensure that staff are not under so much pressure because their calls are organised in present time and can be changed according to the immediate circumstances at the time." The provider told us, "We strongly believe that if we look after our staff and help them not to become stressed from not having enough time between calls or not having enough time for a call when a person's needs have changed this will impact on our customers."

People we spoke with agreed with this and they told us that there were great improvements in the timing of their calls and in the staff knowing exactly what was needed of them even if they person's needs had

changed on the day. One member of staff said, "The new system means we can easily make changes to calls to accommodate people's requests. We know about any changes in that person's needs more or less immediately."

Amongst other benefits this new technology had bought for people and their relatives was exemplified where one relative lived abroad. This meant they were unable to provide the support themselves that they wanted for their family member. However with their having access to the Pass system they were able to see up to the minute information about the person. They could see how well the person was keeping and who was providing care and supporting them on a daily basis. They also had the ability to maintain excellent communication with staff and the office. That relative told us, "The peace of mind it has brought me has enabled me to do my job abroad without nearly so much worry or anxiety and to know my [family member] is being looked after properly."

Overall we saw that the responsive nature of staff planning care and support to people made a real and positive difference to the quality of people's lives. This was summed up with the next comment we received from one person we spoke with. "I have had other care agencies before who were not good. But I chose Bluebird care myself because I heard they were good from a friend. I also pay for it myself and I have had this service now for some long time. The care and support I get is so good it has given me a new lease of life, it speaks for itself, but listen I wouldn't continue paying for a service that wasn't as good as this."

Staff told us they found by having good comprehensive knowledge about the people they worked with; it helped them to understand people better and to build up a deeper relationship with them that lead to more effective care that people really appreciated.

Staff understood people's diverse backgrounds, life histories and preferences. They helped people take back control of their lives by suggesting ideas that people may not have thought of themselves. This gave people an enhanced sense of wellbeing and a much better quality of life.

Most of the people we spoke with told us they had not needed to make a complaint about the services provided. They also said they knew what the process was in order to make a complaint. Where people did have a concern they told us staff listened and responded positively. One person told us, "If I have ever needed to make a complaint the office staff and the manager have always been helpful. On the one occasion I did raise something they re-acted immediately and sorted it out quickly for me." A relative said, "I know if I made a telephone call they would react immediately." One other person we spoke with said they had needed to complain and within the hour a message was sent out on the PASS system to the appropriate staff and the problem was resolved immediately. A relative told us they complained because they felt the daily record on notes for their family member was not comprehensive enough. A message was sent out on the PASS system and the issue was resolved for all subsequent visits much the satisfaction of this relative. They told us, "We experienced a really fast and effective response, we were so pleased. We have nothing but praise for this agency."

We saw there was a complaints policy. The policy included clear guidelines, in a format that people could understand, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The two complaints (mentioned above) and received by the service over the last year were resolved within the timeframe set out in the policy and to the complete satisfaction of the complainant. The registered manager and the staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

We were provided with many compliments from people when we spoke with them about the service. They included, "Excellent care from Bluebird Care, I have no issues whatsoever with them"; "We are really happy

with the care and the service we get from Bluebird"; "We have had a few of these agencies coming here, these are the best" and "It's a fine service, we have had for over two years, no problems or issues, thank you Bluebird Care."

# Is the service well-led?

## Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good. The service had a manager who was in the process of applying for registration with the Care Quality Commission (CQC). Throughout our inspection we found the provider, the managers and staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and staff were well supported and managed.

People told us they received a service from staff who they thought seemed happy in their work. Staff said they worked in an open and friendly culture. One staff member told us, "I have worked with other agencies but I really like working here. It's a supportive team at all levels." Another member of staff told us all the managers were approachable and they dealt effectively with any concerns, if they were raised. Staff said they felt supported in their role.

Staff meetings provided opportunities for staff to meet as a team and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their work at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they were listened to.

When we spoke with staff they told us they were well aware of the policies and procedures to follow to do with whistleblowing. Staff told us they would not hesitate to bring any matter of concern to the attention of the manager or the directors if this was necessary. They said they felt confident they would be properly supported and listened to if they needed to do this. We saw a notice on display in the main office that set out what support staff could expect together with useful contact numbers if the need arose. Staff were supported and protected to question practices of others if necessary.

There were systems in place to review the quality of all aspects of the service. We saw this helped to ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. The manager told us people were invited to share their views about the service through quality assurance processes, which included phone calls, and spot checks for the staff who supported people. These spot checks monitored the quality of work performed by staff in people's homes. The resulting feedback to staff helped to ensure they displayed the values of the service.

Feedback questionnaires were sent out to people who used services, their relatives and to staff. The operations manager informed us that the results of the 2016 survey had been analysed and a summary report produced together with an action plan that identified areas where improvements could be made. One action was the introduction of the new technology in the form of the "Pass" system. As we have already commented in this report the outcomes had been very positive for people and for staff. We were told that a new survey for 2017 was issued earlier in October 2017 and early feedback showed that the majority of people who responded were happy with the service. Staff comments we saw included, "I enjoy working with

Bluebird Care and feel well supported by friendly office staff", and "I love my job". The comments about the staff and management of the service showed that people were satisfied with the services offered.

The operations manager informed us that the service was subject to regular quality audits from the Bluebird Care franchisor. The June 2017 quality audit reviewed 30 aspects of the service provision and there were positive outcomes in all the areas under review.

Each week the manager told us they completed a branch management report for the operations director about the service. We saw evidence of the last two weeks reports and noted they covered areas such as whether people's care plans reviews took place on time; similarly with staff supervisions, staff medicines competency tests, the audit of people's care records, any concerns arising from staff travel times, late or missed calls and the reasons for these, any complaints and staff training undertaken.

Each month the manager also completed a monthly improvement plan, paying particular attention to staff arrival times and lengths of their visits to people. Any issues around these subjects were presented via supervision to staff. The manager said that they completed the monthly report that included monitoring any late calls, mileage travelled and staff hours worked. The manager told us the office made random telephone calls to people and to staff as part of the quality monitoring of the service.

The provider informed us of other initiatives implemented by the managers that included a monthly topic for discussion together with the policies and procedures clearly set out and methods of best practice. An example of this was for September which was "Medicines" month and for October which was "Moving and Handling people" month. An internal newsletter was also designed to ensure that staff remained abreast of matters that pertained to their employment; a career pathway for staff, whereby they can see how commitment and hard work can lead to career progression with Bluebird Care. We noted there was a "Carer of the Month" initiative designed to recognise exceptional service from staff and one which recognised initiative and encouraged success.

The manager also monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The operations manager and the manager worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The manager was aware of their responsibility to submit notifications to CQC of notifiable events. We saw that notifications were submitted in a timely way.

Copies of the most recent report from CQC was on display at the provider's office together with the last inspection visit ratings. Both were also available on the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.