WJ and R Ltd

Bluebird Care (Waltham Forest)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bluebird Care (Waltham Forest) provides personal care for people in their own homes some of whom may be living with dementia. At the time of this inspection 42 people were receiving personal care. This was the first inspection of the service since it registered with the Care Quality Commission.

There was a registered manager at the service. 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.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. Safe recruitment checks were carried out. People had risk assessments carried out to ensure safe care was provided and potential risks were minimised. There were systems in place to ensure people were supported to manage their medicines safely.

Staff were supported with regular training opportunities and supervisions. The registered manager and staff were knowledgeable about their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. Staff supported people with meal preparation and were aware of people's nutritional requirements.

Staff were aware of people's needs and how to develop positive relationships. People and relatives thought staff were caring. Staff demonstrated their awareness of how to provide dignified care, respect people's privacy and encourage independence.

Care plans were personalised and staff demonstrated awareness of providing personalised care. Complaints were dealt with appropriately and in accordance with the provider's policy.

The provider had systems to check the quality of the service provided. People and their relatives were asked for their views about the service. Staff had regular staff meetings to receive updates on the service.

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. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date. Staff were knowledgeable about safeguarding and whistleblowing procedures.

People had risk assessments in place to ensure risks were minimised and managed. There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were supported because they received regular supervisions, performance appraisals and training opportunities.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

People were assisted to access healthcare appointments when required. Staff were aware of people's dietary requirements.

Is the service caring?

Good

The service was caring. People and relatives thought staff were caring. Staff demonstrated a good understanding of people's needs.

Staff were knowledgeable about respecting people's privacy and dignity. People were offered choices and were assisted to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and were written in a personalised way. Staff knew how to deliver

care in a personalised manner and were aware of people's preferences.

People and their relatives knew how to raise concerns or make a complaint. The provider had a complaints policy and complaints were recorded and responded to in accordance with the policy. The service kept a record of compliments received. Complaints, concerns and compliments were used by the provider to improve the service.

Is the service well-led?

Good

The service was well led. Staff, people and relatives told us they felt supported by the management team. The service had regular meetings for care staff.

The provider had systems in place to obtain feedback from people and to audit the quality of the service provided. These systems included feedback surveys, telephone monitoring, spot check visits and quality monitoring visits.

Bluebird Care (Waltham Forest)

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.

This inspection took place on 16 November and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector and a CQC policy officer carried out this inspection. Policy officers sometimes join inspectors on inspections to assess if any improvements could be made to inspection policy and methodology and they assist in the gathering of evidence.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the evidence we already held about the service. This included notifications the provider had sent us. We contacted Healthwatch to seek their views about the service.

During the inspection, we spoke with the registered manager, the care manager and one care staff member. We reviewed four care records, four staff files and records relating to the management of the service, including medicines, staff training and quality assurance. After the inspection we spoke to two people who used the service, two relatives and another care staff member.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service and there were enough staff. One relative told us, "Yes, [person who used the service] has got more than enough staff." Another relative told us, "The one niggle I do have with them, they're very busy and they have changed the carers quite frequently. It's got better recently.

The registered manager told us they tried to allocate the same staff to people who used the service in order to provide continuity of care but this could be a problem due to the turnover of staff.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had been given written references. We saw that staff had criminal record checks carried out to confirm they were suitable to work with people and these were up to date. Staff were also required to complete a health questionnaire to check they were fit to carry out their role.

Staff were knowledgeable about how to recognise and report concerns of abuse and about whistleblowing. Comments included, "You have an obligation to report. I would inform the office, maybe ring the council, or age concern" and "Reporting something you are concerned about like abuse."

The provider had a comprehensive safeguarding policy which gave clear guidance to staff on their responsibilities if they suspected somebody was being abused. There was also a whistleblowing policy which gave guidance to staff on outside agencies they could report abuse to and gave a commitment to staff that they would be listened to if they raised concerns.

The provider also had a policy on handling money which gave guidance to staff on when they were allowed to handle money belonging to people using the service and the procedure they had to follow. At the time of inspection the service was not supporting anybody with tasks involving financial transactions. This meant the risk of financial abuse occurring was reduced.

People had risk assessments documented in their care plans to assess the safety of delivering care in the person's home. For example, risk assessments included the person's mobility requirements inside and outside the home, whether the person was at risk of falls and what aspects of care the person needed moving and handling assistance. Records showed that environmental risks were included in the initial assessment process including trip hazards in all aspects of the person's home and the risks associated with using the shower if slippery or dirty.

The service had a lone working policy for staff which included guidance on maintaining personal safety. Records showed that staff also had lone worker risk assessments carried out before they began working alone with any person using the service.

Appropriate arrangements were in place for the safe management of medicines. Staff had up to date training relating to medicine awareness and administration. Staff were also assessed for their competency in medicine administration through observations before they were allowed to administer medicines unsupervised and records showed their competency was checked regularly. For example, one staff member's competency had been assessed on 7 June 2015 with the outcome that they were competent and this was reviewed on 20 October 2016 with the same outcome. The service had a comprehensive medicines policy which gave clear guidance to care staff of their responsibilities regarding medicines management.

Medicine administration record (MAR) sheets were kept at people's homes and were brought to the office on a monthly basis to be checked. Records showed that audits checked if the time the medicine was administered was documented, if each dose of medicine was initialled by the administering staff member and any reasons for not administering a medicine was documented on the back of the sheet. For example, a recent MARS audit noted on one person's record, the staff member had written in blue ink on the MAR sheet on the 14 October 2016 and the action taken was to email the carer reminding them to use only black ink on medicine records.

Good

Is the service effective?

Our findings

Staff confirmed they had opportunities for training and development. Records showed staff had regular training opportunities in a classroom setting and through e-learning on the computer including refresher training in mandatory courses. For example, the training matrix showed staff received refresher training in medicines, infection control, food hygiene and fire safety. New staff received five days induction training which included two days in the office covering health and safety, policies, mental capacity, moving and handling, medicine administration, and six to twelve hours of shadowing experienced staff. Additionally, new staff were expected to complete the Care Certificate. The Care Certificate is training in an identified set of standards of care to help staff deliver care effectively. The registered manager told us that new staff could not have their three month probation period signed off until they had successfully completed the Care Certificate.

Records showed staff received support through regular supervisions. Topics discussed during supervision included working relationships, training and communication. Staff also received yearly appraisals when staff could discuss their performance over the last year and agree objectives for the coming year.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people had agreed to their support plan by signing a consent to care agreement form. One staff member told us, "If they're capable you ask them, and for food as well. If they say no regarding food I try to encourage them." Another staff member told us, "You would need to get consent before doing anything and ask them beforehand."

Staff assisted people who used the service to stay hydrated and eat a nutritionally balanced diet. Staff demonstrated their knowledge of people's dietary requirements. One staff member told us, "Yes there is one person I attend with a pureed diet and cannot swallow. It is all already prepared. I suggested sieving the puree to reduce the pulp and that seemed to work." This staff member also told us how they helped one person who used the service who did not like the seeds in tomatoes, "I don't mind scooping out the insides of a tomato."

The provider assisted people to access healthcare professionals when required. For example, care records showed that the service liaised with the occupational therapist when they needed to obtain moving and handling advice or equipment for people who used the service. Two staff members confirmed they have

accompanied a person who used the service to healthcare appointments but this duty was sometimes carried out by family members. .

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and gave positive comments. People who used the service told us, "The staff is good, the care manager is already good to me. I am happy with them" and "Yes they are caring. They are very good." A relative told us, "Yes they are caring, some of the [care staff] have known [person who used the service] for a number of years."

Staff demonstrated awareness about developing positive relationships with people who used the service and were knowledgeable about people's care needs. One staff member told us, "I normally ring the bell or use the key safe, and say who I am and where I'm from. Always greet them. Sometimes I know exactly what they need, or I'll ask them. I still always ask, and try to give them a bit of choice, they're still people. Normally ask [about] culture and diversity. They chat to me about all sorts of things. I do look at their care plan." Another staff member told us, "Gain their trust. Take time to get to know them and their history. Listen, be friendly, have a chat."

The registered manager told us the initial assessment process was carried out by the care manager and the supervisor. This process included assessing the communication needs of people using the service so that they could be matched with appropriate staff.

The provider had a policy about privacy and dignity which gave clear guidance to staff on how they should treat people who used the service when providing care and which told people what standard of care they could expect from staff. The policy also included guidance on maintaining confidentiality and providing people with the information they needed to make choices in a way they can understand.

Staff demonstrated awareness of how to give dignified care. One staff member told us, "Curtains are closed! Use humour, no one can come in if they use commode, make sure the lock is on." Another staff member told us, "Make sure the blind is shut and their bedroom door is shut. Try to keep them covered with towels."

One staff member told us how they offered people choices of clothes or food, "If they haven't chosen beforehand, I usually give them three or four options. Normally they already know what they want."

Staff were knowledgeable about how to maintain people's independence. For example,
one staff member told us, "Normally, first thing I give them the flannel, and give them the choice. Try to get them to do things if they can." Another staff member told us, "Encouragement. Encourage them to do for themselves when they can."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about giving personalised care. One staff member told us, "It's doing things for their needs. You can't do the same thing for everybody, you have to adapt. In hospital [previous job], we were taught to do the good arm first, then the bad. Some [people who used the service] don't want that, they want help changing clothes with their bad arm first. That is their choice and we have to respect that." Another staff member told us, "Personal to the person. Making sure their individual needs are met specific to that individual."

Care records were comprehensive and personalised containing the person's wishes and preferences. For example, one person's care plan stated, "I may request that care assistant can go to local shops to buy groceries such as bread, butter, milk." Guidelines about this task included instructions to staff to record any financial activity. The registered manager told us care staff had not yet had to buy groceries for this person. People's care plans included their interests and their chosen form of communication. For example, one person's care plan stated the person was interested in politics and which newspapers they liked to read. Records showed that people were supported by staff to go shopping or to the hairdressers when this was part of their care plan.

The registered manager told us care plans were reviewed annually by the care manager and the supervisor or sooner if there was a change of need. The provider also carried out telephone reviews with people who used the service to ensure the care plan was still appropriate. Records confirmed this was the case.

People and relatives told us they knew how to make a complaint. People we spoke with told us they had no complaints. One relative told us, "No complaints whatsoever." Another relative told us, "No, I haven't made a complaint but I would just phone the office."

The provider had a policy on receiving compliments, concerns and complaints. The registered manager told us complaints and concerns were used as an opportunity for learning and development. Records showed that one complaint, one concern and twelve compliments had been received by the service in the last year. We saw the complaint was made verbally by telephone from a family member on 24 October 2016, regarding a staff member who had been rude. The response to the complaint was the staff member was no longer working with the person and it was agreed the family member would be present whenever there was a new staff member allocated to them.

Compliments received by the service included, "Opportunity to send a huge thank you on behalf of [person who used the service] and myself to everyone at Bluebird Care for taking such good care of [person] during his time with you. The care workers in particular have been exceptional. I would not hesitate recommending Bluebird Care" and "I was very impressed by the way [staff member] coped with what could be difficult situations and also their willingness to call for an ambulance when needed. I am also extremely grateful that you continued to feed the cat after [person who used the service] was admitted into care. I know that is not what you are supposed to do but it was a great help to me."

Good

Is the service well-led?

Our findings

The service had a registered manager who was also a registered nurse who maintained their continued professional development. The registered manager told us that when they were unavailable or on annual leave, the care manager was the first point of contact for staff and people using the service. The registered manager also said they received support in their role from their business development manager, their quality manager and from other providers who attended the local authority providers' forum. Staff, people and relatives told us they felt supported by the management team. For example, one staff member said, "Yes I do. I can always ask anything."

Records showed that care staff had been asked to complete a feedback survey in September 2016 and nine completed surveys had been received. We reviewed these surveys and saw they all gave positive feedback about training, support, the staff rota, communication, office staff and manager, travel time and information given about the needs of people using the service.

The provider also had a system to ask people for feedback which they used to make improvements to the service. The feedback survey asked people questions about the level of satisfaction with staff and the service received. The registered manager told us they also used email communication with relatives of people using the service. We reviewed the 26 surveys received back in September 2016 and saw most people had indicated they were satisfied with the service they received. For example, one person had stated, "Yes the carer ladies are lovely." However one person had indicated there were changes to their details and they were now not able to leave their house. The action taken was the care plan was reviewed and updated with the changes in need on 3 October 2016. Another person had stated, "I think follow up on promised telephone calls could be improved." We asked the registered manager about this who told us and records confirmed the care co-ordinator now spoke to this person every week. This showed the service responded to feedback received from people.

The provider held quarterly staff meetings. One staff member told us, "Yes think they're useful. People can chat about anything." Another staff member told us, "We can get together and share news." The provider held staff meetings on two separate days where the same agenda items were discussed in order to increase the chance of staff being available to attend. Records showed at the meeting held on 27 and 28 April 2016, topics discussed included rotas, call monitoring systems and mental capacity. We also saw that topics discussed at the meeting held on 13 July 2016 and 5 August 2016 included the on call system, equality and diversity, training and annual leave. Records showed that staff contributions to the meeting were documented. A staff meeting and training session about bowel cancer was held during the inspection visit.

The registered manager told us the service had recently signed up to an electronic care monitoring system. This involved the care supervisor completing assessments and costings on a computer tablet device. All care tasks for each person using the service were entered onto the computer tablet device which transferred wirelessly to the allocated care staff member's mobile phone. Each member of care staff had to tick each task on their phone when the task was completed and the information transferred to the office computer within fifteen minutes. The registered manager told us that new people introduced to the service were being

entered onto this system at the referral and assessment stage and existing people using the service would be transferred to the system when their care plans are reviewed.

The service had a system of recording missed calls on a computer log. The registered manager explained that staff logged their arrival and departure time at a person's home when visiting people whose package of care was funded by the local authority. However, the registered manager told us many people using the service paid for their own care and the service only became aware if calls had been missed if the person or a relative contacted the office. The registered manager told us the new electronic care monitoring system would be able to alert the office to all missed calls and would be introduced when all people using the service had their details entered on the system. The registered manager also told us they were planning to start using the new electronic monitoring system for staff to record medicine administration at the time of administering on their mobile phones. This meant office staff would be alerted to missed medicine administration at the time and would no longer have to wait for the MAR sheets to be returned to the office each month.

The provider had a system of carrying out spot checks by visiting people at home and observing how the staff member worked. Records of these spot checks were contained in individual staff files and showed that issues identified were discussed with staff in their supervisions. For example, one member of staff had spot checks of their work done on 11 December 2015, 2 February 2016 and 19 October 2016.

A quality manager from the Bluebird Care franchise support centre carried out regular quality audits We reviewed the report of a recent visit carried out on 6 September 2016. Areas looked at in this audit included staff rotas, staff training, consent to care, care plans, risk assessments, completed visit records and medicine records. The record of this visit showed there were no concerns and the quality manager made recommendations about how to further improve the good standard of care provided.