

Ilium Ltd







Bluebird Care (Richmond & Twickenham)

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	

Overall summary

This was an announced inspection and took place on 29 May and 02 June 2015.

Bluebird Care (Richmond and Twickenham) is a domiciliary care agency registered to provide personal care to people living in their own homes. They provide

care, support and assistance, shopping and companionship. The organisation is a franchise and most of the people who use the service, pay for the service privately.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in May 2014 the agency met the regulations we inspected against. At this inspection the agency met the regulations.

People said the agency provided a good service and that they were satisfied with it and way it was provided. They were positive about the choice and quality of the service provided. They thought the service provided was safe, effective and that staff were caring, responsive and well led.

The records contained clearly recorded, fully completed, up to date and regularly reviewed information that enabled staff to perform their duties. They covered all aspects of the care and support people received.

Staff we spoke with were knowledgeable about the people they supported, the care they needed and

received support from the agency to meet people's needs. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. The staff said and we found that they were well trained. They told us the organisation was flexible, good to work for and they enjoyed their work. There was a thorough recruitment process and enough staff provided to meet people's needs.

People were encouraged to discuss health and other needs with staff if appropriate. Any health information of concern was passed on to the person's GP's and other community based health professionals, with their permission. People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences.

People told us the manager, office and field staff were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The agency was suitably staffed, with a well-trained team that had been security cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out and reviewed.

People were supported to take medication in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them. Their needs were identified and matched to the skills of trained staff. They had access to other community based health services that were regularly liaised with.

People's nutrition and hydration needs were met.

Good



Is the service caring?

The service was caring.

Staff provided support in an appropriate, patient and unrushed way.

People's opinions, preferences and choices were sought and acted upon. Their privacy and dignity was respected and promoted by staff.

Good



Is the service responsive?

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

The agency had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



Bluebird Care (Richmond & Twickenham)

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 was an announced inspection and took place on 29 May and 2 June 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

There were 194 people receiving a service and 98 staff providing a service. During the inspection, we spoke with eight people using the service, four relatives, five care workers, one supervisor, three office staff and the registered manager.

During our visit we looked at copies of 10 care plans that were kept in the office. We also checked records, policies, procedures and six staff files. The information included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

Is the service safe?

Our findings

People said they thought the service was safe. People using the service and their relatives said they mostly received care and support from their regular care workers, although this could not always be guaranteed. People said they preferred to see regular care workers so that they got to know them and the care workers got to know them and their routines. One person said, “They turn up on time and I feel safe when they are here.” Another person told us that, “I am very happy with the service and have no trouble with them at all.” A relative said, “The staff are nice, patient and provide the care I need.”

Staff had been trained and there were policies and procedures that enabled them to protect people from abuse and harm. They understood what constituted abuse and the action they would take if they encountered it. There was also training and a procedure for reporting, investigating and recording safeguarding alerts and their outcomes. Further safeguarding information was contained in the staff handbook. This included situations that required raising a safeguarding alert and how to raise one. The staff rota demonstrated that there were sufficient care workers provided to meet people’s needs flexibly and safely. The staff handbook contained the organisation’s disciplinary and whistle-blowing policies and procedures. There was one current safeguarding alert that did not relate directly to the agency, although it was involved in the investigation.

The staff recruitment procedure recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff

were short-listed for interview. The interview contained scenario based questions to identify people’s skills and knowledge of the care field they were working in and how they would react in emergency situations. References were taken up, work history scrutinised with an explanation of any gaps and security checks carried out prior to starting in post.

There were risk assessments that enabled people to take acceptable risks regarding the care provided and also kept staff safe when performing tasks. There was individual guidance for specific risk areas such as finance and decision trees to support staff in assessing risks. The risk assessments were monitored, reviewed and updated if needs changed. They were contributed to by people, their relatives and staff. Staff at supervisor level were trained to assess risks to people and carried the initial assessments and updates.

There were accident and incident records kept to identify patterns that may increase the risk to people. Staff said they knew people well, were able to identify situations where people may be at risk and take action to minimise the risk.

Staff prompted people to take medicine or administered it as appropriate. The support provided was assessed using a three tier capability system that determined how much staff supported was required by people to take medicine. The staff who administered medicine were appropriately trained and this training was provided as part of induction and updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked monthly with copies of the medicine administration records kept on file in the office.

Is the service effective?

Our findings

People told us they made decisions about the support they received, when they wanted it and who would provide it. They said that they didn't feel rushed by their care workers and valued being able to talk to them and have a proper conversation. People and relatives said that they felt the staff were suitably trained to be able to undertake the tasks that were required. Staff were aware of people's needs and met them in a skilled, patient and relaxed way. One person said, "Staff turn up on time and do what they are supposed to do." Another person told us, "The staff are very good and I have no complaints." A relative said, "I have staff who know my routine and it works very well."

Staff were well trained, received twelve weeks induction, refresher training and were mentored by experienced care workers. This included mentors making weekly phone calls to new staff to see if they had any questions or issues. They also received weekly onsite supervision by a supervisor and monthly one to one meetings with the manager until induction was completed. Quarterly supervision then took place with one session per year onsite so that people using the service could give their views. Training provided included treating people with dignity and respect, manual handling and medicine administration. The agency also had an equality and diversity policy that staff were aware of, understood and had received training in. The service provided an internally awarded 'Care certificate' on successful completion of the modules required. Staff supervision and appraisals provided an opportunity to identify group and individual training needs. There were

also individual staff training and development plans. Staff had access to specialist training such as 'End of life' care that was provided by the Princess Alice hospice and pressure ulcer prevention by a tissue viability clinical nurse specialist.

Care plans included sections for health, nutrition and diet and these were included in the needs assessment process. Food and drink dietary evaluation sheets and nutritional assessments were updated regularly as required. Where appropriate staff monitored what and how much people had to eat with them, to promote a healthy lifestyle and diet. They also advised and supported people to prepare meals and make healthy meal choices if required in the care plans. Staff said any concerns were raised and discussed with the person's GP or other health care professionals with permission. If they were specific to eating and drinking such as swallowing, referrals were made to a specialist clinician for guidance and training provided. Other community based health services, such as district nurses and commissioning social workers were also regularly liaised with as required.

Care plans were written and agreed by supervisors, people using the service and relatives. People's consent to receive a service was recorded in their care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received de-escalation and lone working training regarding people's behaviour that may put themselves and others at risk and the procedure to follow in these circumstances.

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff. They listened to what people said, valued their opinions and provided support in a friendly, helpful and compassionate way. One person said, "I'm very satisfied the staff are lovely." Another person told us, "Staff are very caring." A relative said, "I'm very pleased with the service and staff who provide it."

People told us the agency provided suitable information about the service it provided. The information outlined the service they could expect, the way support would be provided and the agency expectations of them.

Staff received training to treat people with dignity and to respect them and their privacy. This was as part of induction and refresher training. This included the importance of social engagement and interaction with people as well as the tasks agreed as for some people this may be the only interaction they received. The agency operated a matching policy particularly for sensitive areas such as same gender personal care if required. Staff skills were identified and used to support people according to their skills and meet their needs. Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the service provided further. Staff knowledge about respecting people's rights, dignity and treating them with respect were tested as part of the recruitment process, at the interview stage and training provided if required. People said this was reflected in the caring, compassionate and respectful support staff provided support. One person told us, "My routines are very important to me and staff make an effort to keep to them."

People using the service said they were fully consulted and involved in the aspects of their care by patient and compassionate staff that were prepared to make the effort to make sure their needs were met properly. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed the tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

When the agency provided end of life care, this was managed by a supervisor who had a palliative care qualification and who liaised with the community health team that included community matron, palliative care nurses and local hospice. The agency took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

People were made aware that there was an advocacy service available through the local authority if they needed it.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, ongoing training and contained in the staff handbook.

The health care professionals we contacted said they had no problems with the care and support provided or way it was delivered.

Is the service responsive?

Our findings

People we spoke with said the agency was helpful and responsive to any issues they had raised with them. One person told us, "I had a problem with a lunchtime meal call and the agency sent out a supervisor within ten minutes of contacting them." Another person said, "If someone is going to be late, they let me know. This happens very rarely."

People said that they were asked for their views by the agency. Staff enabled them to decide things for themselves, listened to them and action was taken if required. One person said, "The manager told me that if they weren't made aware of any problems they couldn't put them right and to please contact the office if there was anything I wasn't happy with." A relative told us, "If something is not right it is rectified immediately." Another relative said, "They listen if I make a complaint."

People were generally self-funded and referred themselves to the service although local authority referrals were also made. On referral the agency carried out a needs assessment with the person and their relatives, as appropriate to identify if their needs could be met. This was carried out by senior staff and the information was firstly discussed by the management team. If needs could be met suitable care workers were identified, information shared with them and they were introduced to the person. People using the service and staff were given the opportunity to give their views about the care package and their compatibility. This was reviewed by both parties and the agency at regular intervals.

People using the service and relatives felt that they had been suitably involved in their care planning and updating care plans if required. Those spoken with said that they had originally sat down either on their own or with relatives and

the agency representative to identify the type and level of care and support that was needed. Records demonstrated that people were consulted and agreed to their care packages and any changes that took place within their care plans. People's personal information including race, religion, disability, medical history and beliefs was identified as part of the assessment process. The information enabled care workers to understand people's needs and provide the care and support needed.

The agency monitored and reviewed the care packages with people using the service and staff. This included spot checks. The monitoring information was recorded in people's files and regularly updated. The care plans were reviewed a minimum of six monthly. People also said feedback was requested from them and there were annual satisfaction questionnaires sent to them.

The agency operated an electronic monitoring system that recorded the actual time care workers spent with people that was monitored daily. Any missed or late calls were investigated and procedures put in place to prevent repetition.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There were no current complaints. Three that were made in January 2015 had been resolved satisfactorily for people using the service. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

The agency shared appropriate referral information should people require other services or their needs can no longer be met.

Is the service well-led?

Our findings

People told us that they felt comfortable with and were happy to speak to the manager and staff if they had any concerns. A person using the service said, "I've got all my marbles and the office knows to respond to me." A relative said, "We feel comfortable in contacting the office if any issues or problems arise."

The agency's vision and values were clearly set out. There was also a clear management structure. Staff we spoke with understood the vision, values and said they were explained during interview and induction training. They told us there was an open, supportive culture with clear, honest and enabling leadership. This was reflected in the low staff turnover level and care workers and other staff who had worked for the agency for a number of years. The senior staff had been internally promoted from care worker level.

Staff told us the support they received from the manager and team was good. They were in frequent contact with staff and this enabled them to voice their opinions and swap knowledge and information. They felt suggestions they made to improve the service were listened to and given serious consideration. A staff member told us, "excellent training." Another member of staff said "good communication between the office and the field. We also get great support from the manager and the rest of the team." Where possible the agency operated a policy of flexibility to accommodate staff needs outside the work place, such as child care arrangements.

The records demonstrated that regular staff supervisions, post placement de-briefs and annual appraisals took place.

This included input from people who use the service. Records showed that performance spot checks and one supervision session per year also took place on site so that the views of people using the service could be captured.

The agency also sends out a regular newsletter to people using the service and staff to keep them informed of any developments within the organisation and update information such as the care worker of the month award.

There was a policy and procedure in place to inform services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well. The agency checked a range of areas to identify service quality. These included audits of, people's and staff files, care plans, risk assessments, infection control and medicine recording. There were also monthly senior staff meetings to discuss any issues, twice weekly operational meetings and quarterly staff meetings.

People said there was frequent telephone communication with the office and they completed an annual feedback questionnaire.

The agency had established strong community links that included attending local authority provider meetings and outcomes framework workshops. The agency was a member of the 'Dementia Action Alliance' and a director attends clinical commissioning meetings and seminars.