

Slades of Surrey Limited Bluebird Care (Croydon)

Inspection report

Bluebird Care Croydon
181 Brighton Road
South Croydon
CR2 6EG
Tel: 0208 686 9496
Website: www.example.com

Date of inspection visit: 14 May 2015
Date of publication: 23/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We inspected Bluebird Care (Croydon) on 14 May 2015. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

Bluebird Care (Croydon) is a service which provides personal care to adults in their own home. At the time of our visit there were sixty five people using the service.

The service had a registered manager. 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.

We previously inspected Bluebird Care (Croydon) in May 2014. We found that Bluebird Care (Croydon) was not meeting all the legal requirements and regulations we inspected. Appropriate checks were not carried out before staff began to work with people, staff were not adequately supported by the provider through regular, relevant training, supervision and appraisal and the

Summary of findings

quality of care people received was not regularly assessed. We asked the provider to take action to make improvements to the way they planned people's care. This action has been completed.

During our inspection in May 2015 we found that although people told us they were safe, staff did not have a good knowledge about how to identify abuse or report any concerns. This meant that people were not adequately protected against the risk of abuse.

Care was planned and delivered to ensure people were protected against foreseeable harm. People had risk assessments which gave staff detailed information on how to manage the risks identified.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied.

People received their medicines safely and in accordance with their care plan. Staff controlled the risk and spread of infection by following the service's infection control policy.

Care plans provided information to staff about how to meet people's individual needs. People were supported by staff who had the skills and experience to deliver their care effectively. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff supported people to have a sufficient amount to eat and drink. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People told us the staff were kind and caring. People were treated with respect and were at the centre of decisions about their care. They were fully involved in making decisions about their care. Where appropriate their relatives were also involved.

People were satisfied with the quality of care they received but told us there could be greater continuity of care. People were supported to express their views and give feedback on the care they received. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to discuss their care. Staff felt supported by the manager and were in regular contact with the supervisors and manager.

The registered manager had worked in the adult social care sector for many years and understood what was necessary to provide a quality service. There were systems in place to assess and monitor the quality of care people received.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to how the provider protected people from abuse. You can see what action we told the provider to take at the back of the full version of this report.

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?

Some aspects of the service were not safe.

The service had policies and procedures in place to minimise the risk of abuse but staff were not familiar with them. Staff were not able to tell us with any confidence the different types and signs of abuse or who they would report their concerns to.

Risks to individuals were assessed and managed. Staff were recruited using effective recruitment procedures. There was a sufficient number of staff to help keep people safe. People received their medicines safely. Staff followed procedures which helped to protect people from the risk and spread of infection.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the necessary skills and experience to care for people effectively.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain good health.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Good



Is the service responsive?

Some aspects of the service were responsive.

People were involved in their care planning and felt in control of the care and support they received. The care people received met their needs but care was not regularly provided by the same staff. When there was a change of staff. This was not always communicated to people before the staff arrived to deliver care.

People and their relatives were regularly given the opportunity to make suggestions and comments about the care they received which the registered manager used to improve the quality of care.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received. There was evidence of learning from concerns raised at our previous inspection and internal audits. We saw that changes had been implemented as a consequence of these.

People's care files, staff files and other records were securely stored, well organised and promptly located.

Good



Bluebird Care (Croydon)

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 was carried out by a single inspector who visited Bluebird Care (Croydon) offices on 14 May 2015.

Before the inspection we reviewed all the information we held about the service. This included routine notifications,

comments sent to us by people using the service, safeguarding information, the last inspection report and the provider's information return (PIR). A PIR is a form that we ask providers to complete that tells us about the operation of the service, what they do to meet people's needs and any proposed improvement plans.

We spoke with six people using the service, two of their relatives, six staff members as well as the registered manager and provider.

We looked at six people's care files and five staff files which included their recruitment and training records. We looked at the service's policies and procedures.

Is the service safe?

Our findings

People were not adequately protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, “I feel safe”, “I have no concerns about my safety” “I’m safe and if I felt at risk I’d ring the office or contact the police”.

Staff had received training and the provider had policies and procedures in place to guide staff on how to protect people from abuse. The policy advised staff to report concerns to the Health and Social Care Trust which is an organisation based in Northern Ireland which provides health and social care in Northern Ireland and does not accept safeguarding referrals for incidents which occur in England. In any event, staff were not familiar with these policies or procedures. Five of the six staff members we spoke with could not tell us with any confidence what constituted abuse, how they would recognise it or who they would report their concerns to. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for, but were unaware of any organisations outside of Bluebird Care (Croydon) that they could contact to report their concerns.

We found that people were not protected from abuse and improper treatment because the provider did not operate effective systems and processes to prevent abuse. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 (1) and (2).

Risk assessments were carried out which considered a variety of risks including those posed by people’s environments and health. Care plans gave staff detailed information on how to manage identified risks. People told us and records confirmed that staff delivered care in accordance with people’s care plans.

People told us staff usually arrived on time and stayed for the time allocated. People and their relatives knew who to contact in the event that staff did not arrive on time. People’s needs were assessed before they began to use the

service. The number of staff required to deliver care to people safely was also assessed and reviewed when there was a change in a person’s needs. People told us they received care and support from the right number of staff.

At our previous inspection in May 2014 we found that appropriate checks were not conducted before staff were allowed to work with people. After that inspection a new recruitment process was implemented. Records demonstrated the service operated an effective recruitment process which was consistently applied by the management.

Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant’s previous employers which commented on their character and suitability for the role. Applicant’s physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Staff were responsible for prompting and assisting people to take their medicines. People received their medicines safely because staff followed the service’s policies and procedures for storing, administering and recording medicines. Staff were required to complete medicines administration record charts. The records we reviewed were fully completed. People told us they were supported to take their medicines when they were due and in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service’s infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people’s homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, “They seem well trained”, “They know what they are doing and get on with it” and “They take care of me well”. Relatives commented, “I think they are very professional” and “The staff are very good”.

At our inspection in May 2014 we found that staff were not adequately supported through regular, relevant training, supervision and appraisal. At this inspection staff were supported by the provider to deliver effective care. Staff told us and records confirmed that once appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff received weekly supervision until they had completed a probationary period of twelve weeks. Where required the probationary period was extended.

Staff received appropriate professional development. Staff told us and records demonstrated that they had regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Staff employed by the service for more than one year received an annual appraisal.

Staff received training in areas relevant to their work such as moving and handling people and food hygiene. Some elements of their training included hands-on sessions where for example staff practised using hoists. The supervisor and manager also used unannounced visits to observe staff interaction with people and how they put their training into practice. Staff were supported to obtain further qualifications relevant to their role and encouraged to become specialists in a particular area such as dementia.

People were asked for their consent before care and support was delivered. People told us, “They are always

polite and ask me what I would like them to do” and “They always ask for my permission before assisting me and they do what I ask.” Staff told us they ensured people consented to the care they were given. Comments included, “Even though I know what I have to do, I always ask their permission first” and “I don’t make any assumptions. I might be there to give personal care but I have to make sure they want it.”.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people’s capacity to make decisions was assessed. The manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005. Although no applications had needed to be made, there were procedures in place to get the support of the local authority to apply to the Court of Protection if they considered a person should be deprived of their liberty in order to get the care and treatment they needed.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that the support people required to eat and drink a sufficient amount was part of the assessment process before they began to use the service. For example, some people’s assessment stated they required support with the preparation of their meals. People’s preferences were catered for. Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff encouraged and supported them to have a healthy, balanced diet. A person using the service commented, “I am completely dependent on them [the staff]. They prepare nice healthy meals for me just the way I like it.”

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with a variety of external healthcare professionals. Staff knew what to do if there was a change or deterioration in a person’s health.

Is the service caring?

Our findings

People made positive comments about the staff and told us they were kind and considerate. Staff were respectful towards people and were always polite and friendly. Comments included, “They are not only very kind to me, they are also very good to my dog which they don’t have to be but I appreciate it very much”, “On the whole they are lovely”, “Without exception every one of the carers I’ve had has been very caring” and “The girls are very nice, I couldn’t do without them”.

We saw the results of a feedback survey on staff behaviour, all of which were positive. People commented of the staff, “She takes an interest in all our issues and concerns”, “They have such empathy”, “They are helpful and considerate” and “The carers are obliging and courteous”.

Staff told us they enjoyed working for the service and caring for people. A person commented, “Most of the staff don’t just come in and do their job, they have a chat with me and I think that’s nice.” The registered manager told us the goal of the service was to support people to remain as independent as possible. Care plans clearly stated whether people needed to be prompted or assisted. In one care file

it stated, “I should be encouraged to do as much for myself as possible to maintain my independence.” This person’s care records indicated that care was delivered so as to support the person’s independence. A person commented, “They help me where I need it.” A relative told us, “Without their help [the person] wouldn’t be able to get out much.”

People were involved in their needs assessments and involved in making decisions about their care. People felt in control of their care planning and the care they received. People told us, “We discussed what I need them to do and that’s what they do” and “I feel in control of what they do”. The care plans we reviewed considered all aspects of a person’s individual circumstances and reflected their specific needs and preferences.

People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name. Staff knocked on the door and asked for permission before entering people’s rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were receiving personal care. Care supervisors carried out unannounced spot checks to observe staff interaction with people and assess how they maintained people’s dignity and treated them with respect.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. Only staff employed by the service were allowed to deliver care to people. Staff were familiar with the needs of people they cared for. People commented, “I usually have the same carer. We get on well and she knows how I like things done” and “They know my routine and what I want them to do”.

Half the people we spoke with made negative comments regarding a lack of continuity in the staff who attended them. People commented, “I quite often have different people attending. They are all nice but I don’t always feel comfortable with the ones I do not know”, “It’s difficult to build up a rapport when you keep getting different people” and “My only gripe is that they send different people sometimes without letting you know. The communication could be better”. A relative told us, “I know [the person] can’t always have the same carer because of holidays and things but it’s important to [the person] that they know who will be coming.”

Care was delivered in accordance with people’s care plans. People told us they received personalised care that met their needs. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people’s individual needs. For example, we saw on one file that staff were given very specific instructions on how a person using the service preferred to be shaved. On another care file there were details of the order in which a person preferred their personal care to be delivered.

People had regular opportunities to give their views on the quality of care they received. These included surveys as well as telephone calls and visits from the care supervisor. Every quarter, the provider asked people to nominate a staff member who they thought should win an award for being the “care worker of the quarter”. This gave people the opportunity to feel involved in the running of the service and give positive feedback about staff. The manager shared with staff people’s positive comments about staff attitude and behaviour as a way of improving staff effectiveness and the standard of care people received.

People also felt comfortable ringing the office to discuss any issues affecting their care or raise queries. The service gave people information on how to make a complaint when they first began to use the service. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us their complaint was responded to promptly.

Records showed where negative feedback or complaints were made about the quality of care, the service acted to improve it. For example, where there had been a number of complaints that staff frequently arrived late to deliver care, we saw that a new system was implemented which required staff to log their arrival and departure electronically. This enabled office staff to have a real-time view of when staff arrived and how long they stayed in people’s homes. Where staff members were seen to persistently arrive late, this was raised during their supervision meetings and monitored thereafter. People told us that staff time-keeping had improved in recently.

Is the service well-led?

Our findings

People using the service and staff told us the office staff and management were accessible. People told us, “I don’t ring the office often but when I have done, the staff were very helpful” and “I call the office if I have a problem and they are good at sorting it out.” Staff told us, “If I need any guidance I can ring the office and speak to a supervisor or the manager” and “The office is very supportive”

People’s care files, staff files and other records were securely stored, well organised and promptly located.

The management sought to continuously improve the way they supported staff to deliver quality care. A staff survey was conducted to obtain staff views on working for the service. The main positives which came out of the staff survey were that staff felt well supported by the service and that they were receiving adequate training. The main negatives were that staff were not given sufficient time between calls. As a result of the survey, the provider was recruiting more staff. Regular staff meetings were held where staff had the opportunity to discuss issues affecting their role and how to improve the service. Staff received a newsletter which kept them informed of developments in the service. Staff told us there were always sufficient resources available for them carry out their roles, such as aprons, gloves, notepaper for their daily records of care and medicine administration records.

At induction staff were made aware of their role and responsibilities, the values of the service and the policies relevant to their role. Staff knew their roles and responsibilities. They were well motivated and spoke positively about their relationships with the office staff and management, and the support they received.

There was a management structure in place which people using the service and staff were aware of. Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with. There

were clear lines of accountability in the management structure. The management had regular discussions regarding incidents and issues affecting people using the service and staff.

The provider told us that the service’s values included privacy, dignity and high quality care. Staff had a good understanding of these values and were able to give us examples of how they applied them in practice. The management had systems in place to check that the core values were applied by staff whilst delivering care. This formed part of the observation process during unannounced spot checks and formed the basis for the questions in the feedback questionnaire.

At our inspection in May 2014 we found that there were inadequate systems in place to regularly assess and monitor the quality of care people received. During this inspection we found that several new systems had been implemented and that additional administrative staff had been employed to maintain the systems. The new systems included obtaining people’s feedback, regular audits of people’s daily care records and medicine administration records and conducting unannounced spot checks to observe staff delivering care to people.

The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC to make improvements to its policies and procedures and to improve the quality of care people received. We saw that an internal audit of medicine administration records identified some unacceptable standards. Records showed these shortfalls in performance were raised with staff during supervision and staff meetings and they were given guidance on good practice.

The provider and registered manager had plans for developing and improving the service and the quality of care people received. This included extending the training available to staff, increasing the competency checks carried out to test staff understanding of their training and improving the career opportunities available to staff. We saw that the management team had started to implement these plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Personal care</p> <p>Health and Social Act 2008 (Regulated Activities) Regulations 2014 : Regulation 13</p> <p>People were not protected from abuse and improper treatment because the provider did not operate effective systems and processes to prevent abuse.</p> <p>This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 (1) and (2).</p>