

# Slades of Surrey Limited Bluebird Care (Croydon)

## 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

We inspected Bluebird Care (Croydon) on 19 November 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 is registered to provide personal care to adults in their own home. At the time of our inspection there were 52 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 2015. We found that Bluebird Care (Croydon) was not meeting all the legal requirements and regulations we inspected. We found that people were not adequately protected against the risk of abuse. We were also

# Summary of findings

concerned that there was a lack of continuity of care. We asked the provider to take action to make improvements to the way they planned people's care and protected them from abuse. The provider sent us an action plan and this action has been completed.

During this inspection people told us they were safe. Staff had been trained in protecting adults from abuse and spoke confidently about how to identify abuse or report any concerns.

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 help 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 involved in making decisions about their care. Where appropriate their relatives were also involved.

People were satisfied with the quality of care they received and told us there was 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.

# 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 service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff spoke confidently about how to recognise abuse and report any concerns. 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.

Good



### Is the service effective?

The service was effective.

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

The registered 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?

The service was 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.

People and their relatives were given the opportunity to make suggestions and comments about the care they received.

Good



### 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.

Good



# Summary of findings

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

# 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 19 November 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 action plan which set out how the provider planned to improve the quality of care people received.

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

We looked at five 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 told us they felt safe and knew what to do if they had any concerns about their safety. People commented, “I’m fine. I feel safe”, “I’ve had no reason not to feel safe so far”, “I would tell my family if I didn’t feel safe” and “They [the staff] are helping me to keep safe”.

At our previous inspection in May 2015 we found that staff had limited knowledge on what constituted abuse, how to identify it or who to report their concerns to outside of Bluebird Care (Croydon).

During this inspection we found that staff had received training and the provider had policies and procedures in place to guide staff on how to protect people from abuse. The registered manager checked staff understanding of how to protect people from abuse during staff and supervision meetings. Staff spoke confidently about what constituted abuse, how they would recognise it and 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 and knew which organisations outside of Bluebird Care (Croydon) they could contact to report their concerns.

Risk assessments were carried out which considered a variety of risks including those posed by moving and handling people and 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 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.

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 medicine 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. 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, “I can’t fault what they do”, “They are very efficient” and “They know what to do”.

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 were required to complete a probationary period.

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 safeguarding adults, moving and handling people and infection control. A supervisor 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. Experienced staff were encouraged to become specialists in a particular area such as dementia. This meant that staff had the skills, experience and knowledge to care for people effectively.

People were asked for their consent before care and support was delivered. People told us, “The carers ask me what I want them to do”, “They do as I ask” and “They know what they have to do but they always check before they start”.

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.

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. Staff knew what represented a balanced diet. People told us they decided what they wanted to eat and that staff prepared their meals in the way they preferred.

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. Comments included, “They are are very good to me”, “The carers are very caring and I enjoy their company”, “They are so nice” and “I’m very grateful for their kindness”. A relative said of the staff, “They are lovely to [the person].” It was clear from speaking to people that they had developed meaningful relationships with their regular carers and this helped to make people feel they mattered.

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 received personal care. A supervisor carried out unannounced spot checks and observed staff interaction with people to assess how they maintained people’s dignity and treated them with respect.

People told us they and where appropriate their relatives, were involved in their needs assessments and in making decisions about their care. People felt in control of their care planning and the care they received. People told us, “I think it was the manager that came to see us and find out about the help we needed” and “They [the staff] do as we ask”. A relative told us, “We feel involved in how they care for [the person].”

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and manager. People said they knew who to speak to at the service’s office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people’s care with people’s family or friends unless they had express permission to do so.



# Is the service responsive?

## Our findings

People were satisfied with the quality of care they received. People told us, “I’m very happy with the carers”, “They are good” and “They are very good, I can’t fault them really”. A relative told us, “All the carers are very nice and go out of their way for [the person].”

At our previous inspection half the people we spoke to made negative comments about the continuity of care they received.

During this inspection, people were satisfied with the continuity of care. People told us they regularly received care from the same staff. People commented, “I’ve had the same carer for some time now”, “I’m used to the carers and they try hard to do things the way I like it” and “I usually have the same carers and they know what to do”. Staff were familiar with the needs of the people they cared for and knew how people preferred their care to be provided.

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 about how a person wanted assistance with their personal care.

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 morale, and the standard of care people received.

People felt comfortable ringing the service’s office to discuss any issues affecting their care or to 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.

# Is the service well-led?

## Our findings

There was a clear staff and management structure at the service which people using the service and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people using the service. 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.

Staff were able to express their views on the issues affecting their role and the way care was provided, during staff and supervision meetings. 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 and up to date care plans.

The provider had a variety of arrangements in place for checking the quality of the care people received. Feedback on the quality of care provided was sought from people using the service, their relatives and staff. 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.

The provider was constantly striving to maintain and improve the quality of care people received. The registered manager and office staff conducted regular audits of people's care plans, staff training and staff supervision. The service used an electronic monitoring system which enabled the registered manager and office staff to see in real time the carer's arrival and departure times, and whether medication had been given when it was due. Failings highlighted by the system were queried with staff immediately or discussed during supervision meetings.

We requested a variety of records relating to people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

Registered providers such as Slades of Surrey Limited must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.