

Tansonns Limited

# Bluebird Care (Bexley)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 22, 23 and 24 August 2016 and was announced. Bluebird Care (Bexley) domiciliary care agency was registered with the Care Quality Commission on 9 May 2011. At the last inspection in 2013, the service was meeting the legal requirements at that time.

Bluebird Care Bexley is a domiciliary care agency that provides care and support for people living independently in the London Borough of Bexley and the surrounding area. At the time of this inspection 178 people were using the service.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

We found the service had appropriate and robust safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Medicine records showed that people were receiving their medicines, where required, as prescribed by health care professionals. People had access to health care professionals when required. Staff had completed training specific to meet the needs of people using the service and they received regular supervision. The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary and other essential support needs.

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider was committed to continuous improvement and used a variety of methods to assess and monitor the quality of the service. These included implementation of technology, annual satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

## 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.

Recruitment checks were robust. The provider sought references from former employers and checked that staff were of suitable character to work in the service.

The provider had procedures in place to protect people from abuse and unsafe care. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service and their relatives told us there was always enough staff available to them and they turned up on time.

People's medicines were managed safely.

### Is the service effective?

Good 

The service was effective.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People experienced positive outcomes as a result of the service they received and gave us positive feedback about their care and support.

People were supported with their health and dietary needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good 

The service was caring.

People and their relatives said they had been consulted about their care and support needs.

People said that carers treated them with kindness and respect in their day-to-day care.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

Staff encouraged people to be as independent as possible.

Assessments were undertaken to identify people's support needs before they started using the service and were regularly reviewed.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well led.

The provider took into account the views of people using the service and staff through surveys.

There were systems to monitor the quality of the service with an emphasis on continual improvement that benefited people and staff.

Staff said they enjoyed working at the service and they received good support from the manager and office staff.

# Bluebird Care (Bexley)

## **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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 22, 23 and 24 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available. The inspection team comprised of one inspector on the first and second day and a second inspector making phone calls to people and staff on the second day. An expert by experience made calls to people and their relatives on the third day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at the care records of 18 people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with a total of 14 people using the service, eight relatives, nine members of staff, the registered manager and the provider. We also spoke with a number of health care professional and asked them for their views about the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I always feel safe and comfortable with my carers. No problems." A person's relative said, "My relative is safe. The staff wear a uniform, they always log in when they get here and we are told if a different carer is to arrive." People told us they tended to have regular carers and this helped them to feel confident and safe with the carers.

The service had safeguarding and whistle-blowing policies in place and staff were required to complete safeguarding training as part of their induction. We saw records that supported that this training was regularly updated and refreshed. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a home setting and explained what they would do if they suspected abuse. A member of staff said, "I am confident about what to do and what to look out for in relation to safeguarding. I would always report concerns." The registered manager was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when allegations of abuse arose.

We looked at personnel files of 15 members of staff and saw that appropriate recruitment checks had taken place before they started work. Application forms had been completed documenting the qualification and experience of the applicant. There was documentation supporting an applicant's full employment history together with at least two references and a satisfactory explanation of any gaps in employment. There were completed identity and criminal records checks made before staff started work. All of these checks supported that the person was suitable to work for the service.

Staff and the manager said that there were always enough staff on duty to support people. We saw records that supported this and the use of technology to monitor times and duration of staff visits on people. This alerted staff in the office when a call was late or could have been missed and we saw those staff made enquiries with care staff to ensure that people were kept informed. We spoke to staff who told us that they realised the importance of the monitoring system and that it helped to ensure that people were seen at the right time and for the correct amount of time. One person who uses the service said, "I cannot remember the carers being late but if they are they always ring."

The manager said that the level and qualification of staff appointed to support people was arranged according to the needs of people using the service. If extra support was needed to support people whose condition changed or because of staff sickness, additional staff cover was arranged. A person said, "There are always enough carers. Sometimes I get a different carer because I need two but the staff always see me in pairs."

People who use the service could access support in an emergency. People had access to a carer who could escalate a concern to a manager if needed and a contact for out of hours concerns. One person said, "The carers always come. Even at weekends I have access to their emergency service by pressing this alarm here."

We saw that people's care files included risk assessments for example, on mobility and falls. Risk

assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment. It was noted that these were reviewed on a monthly basis by senior staff. We saw that when a person's needs changed their care plan had always been updated. Such as when a health care professional prescribed different medication. This meant that information about people's needs was updated and the care provided remained appropriate and safe.

People were happy with the support they received with their medicines. They were supported, where required, to take their medicines as prescribed by health care professionals and systems were in place to ensure that staff were aware of the level of support required. The manager told us that most people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to take medicines. Where people required prompting or support we saw that this was recorded in their care plans. We also saw medicine administration records (MAR) completed by staff confirming that people had taken their medicines. Some people said staff reminded them to take their medicines and some people said staff helped them to apply creams and take their medicines. One person said, "The carer helps me with my medicines. They give me my tablets and they write it down in a book when I take it." A member of staff said, "Although I am new I have received a lot of training especially on medicines. I write everything in the MAR even prompts and reminders and follow the advice from the doctor and pharmacy."

## Is the service effective?

### Our findings

A person using the service told us they were pleased with the staff and said, "They are rarely late but if they are going to be they call to let me know they are coming." Another person said, "Excellent communication, they text me with any issues or problems and this gives me great peace of mind." A relative said, "My relative has a care plan. The carers do everything that's in it and more besides."

People were supported by care workers who had the knowledge and skills to meet people's needs. Staff told us they received regular training and the records we saw supported that training was undertaken by staff at least every month. Carers told us about recent infection control training and a medicine update course and described how these had supported them in doing their job. Other staff we spoke with had completed training relevant to health and social care including the Mental Capacity Act (MCA). Mandatory training included moving and handling, safeguarding and first aid and we saw that training records were up to date and included reminders for staff to complete refresher courses. New staff participated in an induction process that included formal training, shadowing an experienced member of staff and reading people's care plans.

Staff explained how they had received supervision from their manager and we saw records that showed that staff received regular supervision and appraisals from the registered manager and care manager. One said, "I can raise any issue with the manager and owner and am always supported in my requests for additional training." All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in hand held computerised records that were accessible to all staff and the people they cared for. A relative said, "My relative has given permission for the service to allow me access to the daily records of the care and support they provide. This helps me plan and know where we are up to." It was clear from speaking with staff that they understood people's care and support needs and that they knew them well.

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.

We were told by the manager and staff that if the service had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guides staff to ensure practice and decisions were made in people's best interests. One person's relative said, "My relative is up and down and sometimes doesn't understand. We have an agreement that the service always contacts me in that situation so that they just don't do what they think is best. They are very considerate and understanding."



People's nutritional needs were met. It was noted that people's care plans included details of their food preferences, fluid intake and any concerns about amounts consumed. For example, in one plan there was a request from a person receiving care that said that they liked to eat little but often and the carers should be mindful of this when providing care and support. One person said, "They always make sure I have a drink when they are with me and before they leave they always ask if there's anything I need."

## Is the service caring?

### Our findings

People and their relatives commented that the care provided was good. One person said, "I have had the same carer for years now. They are caring and kind and have become like family." One relative said, "The staff always treat my relative with kindness and care. They spend time talking to her. They are lovely."

People were treated with dignity and respect. One person said, "The staff respect my privacy and are friendly and respectful." Another said, "The carers respect my privacy, they always help you and I never feel rushed." A relative said, "The staff do things how my relative likes and always go that extra mile."

Staff said they knew people's preferences. One carer told us that they listened to people and gave them choices. A relative said, "They are very calm and understanding. They are marvellous." One member of staff told us that they listened to people and gave them choices. For example one person requested to stay later in bed as they had been taken out by their relative the night before to a family function. The service had worked together to encourage choice in the person's daily routine.

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw at the office and in people's homes. People said they had been consulted about their care and support needs. One person said, "They quickly established my needs. I was involved every step of the way." Another person said, "They are great. I was fully involved in my care plan and the regular update that there has been." A relative said, "I'm fully involved with my relative's care as [they] are confused now and I am happy with the service."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw and the manager confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had assisted a person whose mobility equipment had broken and was struggling to stand. The person said, "They helped me as the wheels were loose and are speaking to someone to sort it out."

Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. This was confirmed during the inspection. We saw that staff treated people with care and offered appropriate levels of support. There was a good relationship between staff and the people they cared for and a good level of respect and dignity. One person said, "They are all really respectful and kind. They never let me down and I regard them as my friends and are part of the family really."

Staff said they made sure information about people was kept on their hand held computer device and that they were the only person who could access it. They said that any print outs of records were held at the office so that confidentiality was maintained. We saw that historic personal documentation including care plans and medicines records were kept at the main office. This meant that only authorised staff accessed

people's records.

## Is the service responsive?

### Our findings

People told us they received care that met their own individual needs. One person who used the service said, "They do things that I want and make me feel special. They always spend extra time with me." A healthcare professional said, "The carers at this service do a great job and provide individualised care."

Each person had been involved in an assessment of their individual needs and had a care plan in place. These assessments covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence. Assessments also included their personal history, diet, hobbies and interests and religious needs. We looked at the care records of 18 people using the service. These were recorded on a computerised system that was readily accessible for staff to reference and were well organised and easy to follow. Care plans were developed outlining how people's needs were to be met and included detailed information and guidance for staff about how each person should be supported. The records showed that people using the service and their relatives, where appropriate, had been fully consulted about their needs. A relative said, "My relative has a care plan that we were all involved in setting it up."

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people. People, including their relatives, could access the plan and daily care notes through a computerised system and request a review if required. Those without access to a computer could request by telephone. One person said, "I'm in control of my plan and only I and the carers can access it. It is a really good system."

The manager told us that staff were allocated to support people with the experience, skills and training to meet their needs.. Staff told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. One member of staff said, "I am paired with other staff with some people we care for as their needs are special and require two of us to support them properly."

The staff we spoke with knew people well and were able to describe how they met people's individual needs. A person said, "I always look forward to my carer coming. We can talk about anything and she is going to deal with the district nurses on my behalf about an issue that has arisen." A member of staff said, "I know most of my clients really well and know how best to support them. By being in this position we usually work most things out together."

People had access to health care professionals when they needed them. One person told us, "My carer is dealing with these bandages and working with the doctor to try something different that is more comfortable." A health care professional told us that the service was responsive to people's needs. In addition they said, "The service is efficient and I know that staff will feedback concerns when appropriate."

We saw that on occasions the service supported people to access the community and assisted people to

attend health professional appointments. A relative said, "We thank the service for taking our relative to church. We are blessed that they are involved in our relative's life." A person who uses the service said, "They are really good and always take me to the doctors and get me dressed up to go out. They even paint my nails."

We saw that copies of the service's complaints procedure were sent out to people when they started using the service. People and their relatives said they knew about the complaints procedure and would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "We once had an issue but it was sorted out very quickly. I rang the office and they were on to it straight away. I am confident that if something arose again, I would be listened to and action would be taken." People said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary.

The manager showed us a complaints file. The service had received two complaints since starting. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. The records showed that when concerns were raised they were investigated, responded to appropriately and, where necessary, meetings were held with the complainant and their relatives. A relative said, "I have no need to complain but I know who to speak to if I had." Another said, "My relative is in good hands but if I had a concern, I wouldn't hesitate to contact the office and I am sure that action would be taken and we'd be taken seriously."

## Is the service well-led?

### Our findings

The provider carried out checks and took action to monitor and improve the quality and safety of the service. We saw that these included reviews of care plans and medicine's records. The manager told us that they did recognise the importance of regularly monitoring the quality of the service provided to people. They showed us records of audits and spot checks including observations by the manager and care manager of staff in the workplace. These checks also included training needs of staff and care and support plan checks. It was noted that in one of these audits the manager had noted lapses in training and had taken action and booked refresher courses for staff. A member of staff said, "They regularly check staff to see if they are competent and I can always rely on them to deal with any issue I come across that I am unsure about."

The manager told us that concerns and changing needs of people were discussed at weekly team meetings and measures were put in place to review people's needs in addition to the needs of staff. In minutes from a recent meeting we saw that carers were free to talk about issues relating to the care of people and we noted that senior carers and the manager provided guidance and practical advice. We saw records of unannounced spot checks on care staff to make sure they turned up on time and supported people in line with their care plans. The agency used an electronic monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw office staff monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to and for the correct amount of time.

Staff said that the manager and provider listened to their feedback. A member of staff said, "We have regular meetings but there is always an opportunity here to raise things without going to a formal meeting. They are all very supportive and approachable." The manager told us that concerns and issues were discussed at team meetings and that this was an opportunity to reflect and learn from any mistakes and to reduce the likelihood of these happening again. The provider also took on board carers' comments at these meetings and we saw that following a recent meeting the provider had contacted a commissioner of services for a person's care documentation following feedback from the member of staff.

Staff said they enjoyed working at the service and they received good support from the manager, registered manager and office staff. A carer said, "It's really good. I get good support from the office and other staff. The technology that has been implemented actually helps us as we have an extra pair of eyes and ears in the office that helps with communication with people we care for." Another carer said, "Lots of training which helps us to do our job." A third carer told us, "We are all really well supported. It's never a trouble to raise concerns or issues. I enjoy working here."

The provider took into account the views of people using the service and staff through the conduct of surveys. It was noted that there was good participation in the surveys. People using the service were contacted by mail and by phone. The manager showed us user feedback forms that were completed by people and their relatives and these were generally positive. Where issues were raised we saw that the provider contacted the person and took steps to resolve the matter. For example we saw that the service changed the time of visiting to accommodate a person's daily trips to a social function. One person said, "I

don't think that the service could be made any better. I am satisfied with the service I get." Another person said, "Thanks for the survey. A great idea. I have no complaints and would like to thank the lovely carers for the help they have provided throughout the year."