

Roch 2 Limited

Bluebird Care (East Hertfordshire)

Inspection report

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Tel: 01920465697

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15 May 2017

18 May 2017

19 May 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of the office location took place on 15 May 2017. On 18 and 19 May 2017 we contacted people and relatives for feedback about the service they received. This was the first inspection under the new owners.

Bluebird Care (East Hertfordshire), provides personal care and support to people in their own homes. At the time of the inspection 80 people were receiving support with personal care. We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection.

During the inspection we spoke with nine people who were being supported by the service, seven relatives, six members of staff and the provider. We looked at care plans relating to three people who used the service, three staff files and other information which related to the overall monitoring of the service.

The registered manager had left the service and the provider was fulfilling this role. The recruitment process to employ a registered manager had been started by the provider. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

Medicines were not always managed safely to ensure people were safe.

There was an electronic call monitoring system in place that was audited regularly to ensure people received their care calls at the agreed time. However, people did not always receive their calls on time and we found that people did not always know which staff member was coming to support them.

People who were being supported by the service and their relatives were positive about the skills, experience and abilities of staff who worked in people's homes. Staff told us they had training and regular updates which helped them develop their knowledge and skills to support people effectively. Staff had regular supervisions and told us they felt supported. However staff had not received appropriate training on equipment used in one person's home.

People felt safe and were happy with the care and support they received in their homes. Staff had received training in how to safeguard people from the risk of abuse and knew how to report concerns. However, safeguarding concerns raised by staff and documented in the accident and incident logs were not referred to the local authority to make sure that they were properly investigated.

Recruitment practices were safe and effective to help ensure that all staff were suitable to work with people in their own homes.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way. People and relative's we spoke with were positive about the staff and the way in which they delivered the care.

People were involved in the planning and reviews of the care and support provided. People's personal information was securely maintained within the office.

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 not always safe.

People were not always supported to manage their medicines safely.

People did not always receive calls at their preferred times.

People were not always protected against the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not always received support from staff who had received appropriate training to give them the knowledge and skills to use all equipment.

Staff sought people's consent before providing care and support.

People were supported to drink sufficient amounts and where required staff supported them with their meals.

People were supported to access health care professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness and respect.

People and their relatives where appropriate were involved in making decisions about the support they received.

People's dignity and privacy was respected and maintained.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff were not always given appropriate travel time to ensure they would arrive on time.

People received care and support which was responsive to their individual needs. However people told us they frequently received late calls.

People were involved in the planning and reviewing their care and support.

People told us they knew how to complain and felt able to complain if required.

Is the service well-led?

The service was not always well-led.

There were no effective systems in place to quality assure the services provided and manage risks appropriately.

The provider had systems in place to monitor the quality of the service. However late calls were not identified and no action plans were in place to ensure improvement.

The provider had an open door policy and staff felt supported.

Staff Understood their roles and responsibilities.

Requires Improvement 

Bluebird Care (East Hertfordshire)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 15 May 2017. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection. We also contacted people who used the service, their relatives and staff on the 18 and 19 May 2017. This was to enable them to share their experiences.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We requested feedback from health and social care professional's familiar with the service.

Is the service safe?

Our findings

People and their relatives told us they felt the service they received was safe. One person said, "I feel safe definitely, they just get on with their jobs; you can tell they know what they are doing." Another said, "Staff listen to me and always ask if I'm alright."

People were supported to take their medicines by trained staff. People told us that where required staff helped them to take their medicines. We found evidence that not all staff were signing the medicines administration records correctly. However the supervisor had sent a message to staff to remind them of the importance of signing and documenting medicines accurately. This showed that where errors had occurred the supervisors were communicating with staff. However, we found one person had been given their night medicine incorrectly and had received them with their morning medicines. We found no evidence that advice from the GP or pharmacist had been sought to ensure the person would be safe and the incident had not been recorded in the incident logs.

Medicines were not administered or recorded accurately in accordance with the prescriber's instructions. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

There were processes in place to monitor incidents and accidents. Staff were familiar with the reporting and recording procedures. Staff told us they understood that reporting was important to ensure that steps would be taken to monitor and reduce identified and potential risks to people. However, we found staff had reported their concerns about suspected abuse. These concerns had been documented on the accident and incidents sheets. We found that these were not reported to safeguarding or reported to CQC by the provider.

This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) 2014.

There was an electronic monitoring system that enabled staff to monitor people's call to ensure people received their calls at the agreed times. People and their relatives gave mixed feedback about the calls being attended on time. Some people told us that staff arrived on time. However other people told us that staff were regularly late and that they were not always informed when staff were running late. One person said, "They don't always inform us when they are late." Another person said, "I am not told when they are running late." They also commented, "I would appreciate updates of who is coming." We were told by some people that not knowing who was coming increased their anxieties.

We found there were not always enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. The provider had a policy that allowed thirty minutes either side of the agreed call time before the call was considered to be late. However this arrangement did not take into account the impact around planned appointments that people had. For example, we found one person had a specified time frame before they would have to leave their home. Their relative confirmed that calls had been missed because staff had not turned up and it had been too late to arrange further cover. They also told us that on another occasion a staff member had turned up but their relative had already left. Another person said, "First calls always on time, lunch vary between eleven o'clock and twelve o'clock. The teatime

call is upside down, never know where it is." Another person told us their preferred time that had been agreed with commissioners was always late. However this was not the time the provider was delivering their calls. We spoke with the provider about this and the provider told us that a discussion with the person had resulted with the person agreeing to a later time. However the person told us they had only agreed to a trial and were not happy with the late calls. One relative commented, it's very difficult, you can't get annoyed at staff but it makes it stressful, we need routine.

We were told that weekends could be a problem. The provider told us that they had enough staff and that the problems happened when staff went off short notice. People told us that sometimes the rotas they received had no staff allocated to specific visits. This meant that at the time the rota was sent the shift had not been covered. One relative told us, "They try hard, but they do appear to have a shortage of staff."

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014.

The provider had a recruitment policy and process in place to ensure staff employed at the service was of good character and suitable for the roles they performed. When we checked staff's employment files we found that all the pre-employment checks were completed, references were obtained and DBS's were obtained.

Staff verbally demonstrated they were able to identify potential risks to people's health, welfare or safety and appropriately managed and mitigated risks to keep people safe. Staff told us that any changes to people's needs were reported back to the office. One staff member said, "We have to document concerns and report them to the office." We saw in people's care plans that risk assessments for people and their environment had been completed. We saw that there was guidance for staff on how to support people in a safe way. Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would phone the office and report any concerns." Staff we spoke with were also able to demonstrate that they knew how to escalate concerns to the local safeguarding authorities and CQC. This demonstrated that people were protected from the potential risk of harm.

Is the service effective?

Our findings

People who used the service and their relatives told us that provided support in a professional way. One person told us, "They [staff] are very good; they are helpful, they fall in with what I want."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety and medicines. One staff member said, "I had an induction, the training was really good and I feel the support is really good." They went on to confirm that they had shadowing to ensure they felt comfortable and that they were competent to do the job.

(Shadowing is where the staff member works with an experienced staff member until they are competent to work independently).

However we found one person had a specialist sheet implemented by the occupational therapist to support the person with their movement in bed. We found that staff had not received training on this equipment. An email had been sent to staff by the provider stating that they should familiarise themselves by watching an online video clip about that type of specialist sheet. This did not provide staff with the specific training or guidance required to support the person safely. We spoke to the provider about this; they confirmed that this training will now be provided to staff.

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 checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of ensuring people gave their consent to the care and support they received. One staff member said, "I assume everybody has capacity, can't assume they haven't. Choices are important; it makes people feel involved in their care."

People were supported with their food by staff, we were told by people that staff where required supported them with their nutritional requirements. One person said, "They [staff] always ask me if I would like a drink." Another person commented the staff are excellent, they get my food ready."

People were supported to access health care professionals when required. For example we found involvement from GP's and occupational therapist where required.

Is the service caring?

Our findings

People we spoke with confirmed that staff promoted their independence and supported them to live at home. People and their relatives told us that staff were kind and caring and confirmed they were treated with respect. One person said, "The staff always encourage me, for instance they help me to wash the side I can't do and I wash the side I can." One relative said, "Staff are kind and caring and have the skills to look after my [relative]."

People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received. Care records were detailed about people's wishes and gave staff guidance on how to support people.

People told us staff were respectful and protected and maintained their privacy and dignity when offering care and support. One person told us "Yes they [staff] are kind, caring, they are lovely and respectful." One staff member told us, "We always make sure we close curtains and bedroom doors closed when offering people personal care." Another staff member confirmed that when they washed or showered people they were always mindful to protect their dignity. They commented, "I encourage people to wash themselves, I hold up a towel, I always communicate. I ask them to let me know if you're uncomfortable, it's really important to protect people's dignity."

People were positive about the staff that provided support in their homes. We were told by people we spoke with that staff went over and above what they were required to do. For example one person told us that they had contacted staff and asked if they could bring some bread or milk as they were running low and they confirmed staff have supported them with this. Another person commented, "They help my [relative] to put their eye drops in, they are very helpful."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

People who used the service received care and support based on their individual needs. Staff had access to information about people's preferences and wishes. People we spoke with were complimentary about the care and support they received. One person said, "Happy with the care, all very good" One staff member commented, "I encourage people to do as much as they can, let them do it. It's important to retain skills."

We found that there were mixed comments about regular staff. Some people experienced regular staff but this was not the case for everyone. One relative commented, "We have had so many different carers." One person said, "We get a lot of different carers and if they send two new carers together, it just doesn't work."

We looked at the rotas for staff and found that some of the jobs allocated to staff made it impossible to get to the next call on time, the travel time allocated was not always enough or non-existent. For example on some calls there were only a couple of minutes to arrive at the next call and in some cases the next call started before the finish time of the preceding call. This showed that staff were not always allocated sufficient travel time to ensure they could attend the call on time. One staff member we spoke with confirmed that there was not enough travel time. They gave an example of what they were doing on the day we called. They explained that two of the calls they had on their rota started and finished at the same time they also confirmed that one location was about fifteen minutes travel. This did not allow staff to get to the call on time

People who received a service and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One relative commented, "We sat down with [name of supervisor] and discussed my [relatives] care plan." A person said, "I had a review of my care plan a little while ago." Care plans had guidance for staff about the support people required. Staff we spoke with demonstrated they knew people they supported. One person told us, "The carers are lovely absolutely fantastic, they do the care I need. They do what I want and do what their supposed to."

People received information about the service. In addition people told us they received care and support that met their individual needs. One person told us, "The carers know what I can do and what I can't do, they come to help me." A relative told us that there were issues about funding for the amount of calls that were required. They went on to tell us that the supervisor had contacted the local authority to support them with this. The relative said, "I found them very supportive. "

People told us the staff were responsive to their needs. One person told us, "The care is excellent, they [staff] do everything I need, they don't quibble. They get my food ready, they do my washing and they help me with my medicines. They won't go until they have seen me take them."" A relative said, "They [staff] shower [relative] and give them a shave, they help them dress. I would recommend them to anybody."

People received care, treatment and support from staff that had guidance about people's health and care needs. People's identified needs were documented and reviewed to ensure they received appropriate care. For example guidance on how people required their support. The supervisor told us that they completed

pre-assessments to ensure the care people wanted to receive could be met. This included people's needs and preferred times of their care. However, we found that people did not always receive their care at the times they preferred. Staff documented people's daily notes electronically on their phones and had access to the persons support requirements.

People were supported to have their say about the service they received. The registered manager told us that they made regular calls to people to check they were happy with the service. There were also spot checks carried out where people views were sought. People we spoke with confirmed that they were asked about their care. We saw surveys that asked people were they happy with the care they received.

There was a complaints procedure in place and people told us they knew how to raise concerns. One person told us that they had no complaints. Another person told us that they had complained about their preferences for a female carer and were waiting to see if this had changed. We saw where complaints had been raised these had been responded to appropriately. We saw there were also compliments sent by people and their relatives to thank the registered manager and staff for the care and support people received.

Is the service well-led?

Our findings

We received mixed feedback from people and their relatives about how they felt about Bluebird Care. One person said, "It could be better, the office changes things without letting us know. We get rota's but not worth the papers there written on." Another commented, "Bluebird Care has been brilliant."

There were systems in place to monitor the quality of the service. We saw that audits had been completed to identify where improvements were needed and these were used to generate action plans to make improvements. For example, care plans had all been updated to make them more person centred and gave guidance to staff. There had also been a new electronic system introduced to enable staff to document the care given and have access to people's care needs electronically. However we found that not all incidents had been logged and we found that the information about missed calls that had been documented was unclear. It was not clear what call time had been missed as the details and the impact had not been documented to ensure the person was safe. The provider was asked about this and was also not able to confirm if people had received their call and there was no evidence that these had been reviewed or investigated to ensure people were safe. We also noted there had been late actions for a medication error that had not been managed within appropriate time frames and training needs for staff for new equipment had not consistently been identified.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

The registered manager had left Bluebird Care before the inspection. At the time of inspection the service was being managed by members of the senior management team which included both directors and senior supervisor.

Staff were positive about the provider and felt supported. One staff member said, "I feel supported by the office staff." They went on to explain that due to their personal circumstances it was not always easy to deal with changes in the rota. However they told us that they could contact the office and they were always very supportive.

The provider told us that there were regular staff and office meetings to talk about any concerns or ideas that staff may have. Staff we spoke with confirmed they had attended meeting and were able to share their thoughts and Ideas and discuss relevant issues. Surveys had been sent to people to ensure they had a voice and to gain feedback about the service and we were told that staff made regular telephone calls to ensure people were happy with the service. There was also an out of hour's service operated at the service for people to ensure that changes that occurred would be dealt with by the on call staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Although the provider had systems and processes in place to prevent abuse to service users, these were not followed each time when a safeguarding concern was identified.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Provider did not ensure there were sufficient staff to meet people preferred support