

Earlybirdcare Ltd

# Earlybirdcare Ltd

## Inspection report

45 Teasel Crescent  
West Thamesmead  
London  
SE28 0LP

Tel: 02036234760  
Website: [www.earlybirdcare.co.uk](http://www.earlybirdcare.co.uk)

Date of inspection visit:  
21 September 2016

Date of publication:  
17 October 2016

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This was the provider's first inspection since their registration. Earlybird Care Ltd provides personal care for people in their own homes. At this inspection on 21 September 2016 only one person was using the service for a few hours a week. We did not find enough information about parts of the key questions we ask about services, or the experiences of people using the service, to provide a rating to each of the five questions and an overall rating for the service. We were therefore not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding at this inspection.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service. Any risks were identified, assessed and plans put in place to reduce the likelihood of them occurring. There were enough staff to meet people's needs and the provider had effective recruitment procedures to reduce the risk of unsuitable staff being employed. Staff received training and support to meet people's needs. People were asked for their consent before care was provided. There were arrangements to comply with guidance and the law under the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People told us they were involved in planning their care and were supported to be as independent as possible. They said staff treated them with dignity and respect and were kind and caring. People's care plans provided guidance for staff on how to support people to meet their needs.

At the time of inspection people were not receiving support with their medicines, but there was a medicines policy and procedure to guide staff in these circumstances. People were not being supported with their food and drink needs but we saw processes to manage this should it arise. People had access to health professionals when needed. There was a complaints procedure and people told us they had not needed to use this but were confident the registered manager would resolve any issues.

People told us they thought the service was well organised and their views were sought on a regular basis. Staff said the registered manager was supportive and always available. The registered manager had a system to monitor the quality of the service but this was not fully operational.

## 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 in the areas we could judge at this inspection.

People told us they felt safe. There were enough staff to meet people's needs. Safe recruitment practices were in place. Risks to people were identified and plans made to reduce the likelihood of them occurring.

There were policies and procedures for the safe management of medicines should the need arise for staff to support people with this. However we were unable to observe these in operation at the time of the inspection.

**Inspected but not rated**

### Is the service effective?

The service was effective for those areas we were able to inspect. Staff had training to ensure they were competent to carry out their current roles. They told us they had enough support and supervision to enable them to support people effectively. People had access to healthcare professionals when required.

Staff had training on MCA and DoLs. There were arrangements to comply with the law in this area. There were arrangements to support people's nutritional and hydration needs when needed. However we were unable to observe these in operation at the time of the inspection.

**Inspected but not rated**

### Is the service caring?

The service was caring.

People told us they felt well looked after and that staff were kind and caring. They said they were involved in decisions about their care and that staff treated them with dignity and respect.

**Inspected but not rated**

### Is the service responsive?

The service was responsive. People told us the service was flexible and responded to any changes in need. People had an individual plan of their care and support needs. This was reviewed to ensure it reflected their current needs.

People told us they would discuss any issues with the registered

**Inspected but not rated**

manager who they were sure would resolve them. Guidance on how to make a complaint was provided in a service user guide.

### **Is the service well-led?**

The service was well led in those areas we could inspect. People told us they thought the service was reliable and well organised. Staff told us the registered manager was approachable and always available if there was a problem.

There was a system of audits which had been used previously but was not fully in operation. The registered manager told us they provided much of the daily care and were able to monitor the service and gain feedback informally on a daily basis to understand if any improvements were needed.

**Inspected but not rated**

# Earlybirdcare Ltd

## **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 and to look at the overall quality of the service. We were unable to provide a rating for the service under the Care Act 2014 as there was only one person using the service for a limited time on four days of the week.

The inspection was carried out by a single inspector. It took place on 21 September 2016 and was announced. We told the provider that we were coming, as, we needed to be sure that the manager would be available when we inspected as they were involved in the daily delivery of care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we looked at the information we held about the service including the PIR.

During our inspection we spoke with the person using the service and their relative, the registered manager and a staff member by phone. We looked at their support plan and a staff file as well as records related to the running of the service such as the service guide and policies and procedures.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person said "I feel perfectly safe." Staff had received training on safeguarding adults and knew the signs to look for and what to do if they had any concerns. The registered manager knew how to raise a safeguarding alert with the local authority or Police if needed. There was a policy available to guide staff and remind them of their role in safeguarding adults. The registered manager told us no safeguarding alerts had been raised in relation to the service since it registered with CQC.

We saw risks had been identified before people started to use the service. Risk and management plans were carried out to reduce possible risk. These included individual health risks to the people who used the service and environmental risks or health and safety risks for staff. Risk assessments included detail about actions to be taken to minimise the chance of harm occurring. The manager told us these risks were monitored and reviewed annually or earlier if there were changes in people's circumstances.

The service had systems to manage and report accidents and incidents although the registered manager told us no accidents or incidents had occurred. There were forms to record the details of any incidents or accidents such as falls. There were plans to deal with emergencies. Staff had completed first aid and fire safety training and were able to describe what to do in a medical emergency or in case of fire. We saw people and their relatives were provided with contact information about how to contact the service in an emergency. There was also written guidance for staff. Relatives and staff told us there was never a problem about making contact with the office or manager. The registered manager told us they had uniforms and ID badges which they issued to staff when they joined the service so that they would be recognisable.

There were enough staff to meet people's current needs. People told us the service was very reliable and there was no problem in getting the care they needed. A relative said "It has always been reliable. There has never been a problem." The registered manager provided much of the direct care at the service. They told us they had previously employed additional staff but had not been able to find sufficient work to keep them employed. They had one current staff member who was available to cover if the registered manager were unavailable. A representative of the provider was also available to answer the phone when the registered manager was busy. The manager told us that they would take on more staff if more work became available and that they would make sure they had enough staff to meet people's needs. We will check on this at the next inspection.

Recruitment checks were carried out to reduce the risks of employing unsuitable staff. This included up to date criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form with their full employment history and proof of their eligibility to work in the UK, where applicable.

Procedures were in place for the safe management of medicines but we were unable to observe these procedures being used. The service was not providing support with medicines at the time of the inspection. However, both the registered manager and staff member had received training on the administration of

medicines. There was a medicines policy available and the staff member and registered manager were aware of the procedures to follow should a person require support with medicines. The medicines policy included guidance on how to prompt and record administration of medicines, as well as report medicines errors. There was a medicine administration record (MAR) form available to ensure the support was accurately recorded. The service ensured they recorded the dosage and types of medicines people were prescribed so that they had an accurate record in case of emergency. Daily notes recorded any changes to prescribed medicines, for example, following a visit by the GP.

## Is the service effective?

### Our findings

People told us they thought staff were competent and knew what they were doing. A relative told us, "We chose this service because the manager is a trained health professional and the staff are well trained and knowledgeable." The registered manager had undertaken training across a range of areas and was also trained to provide some training for staff such as first aid and medicines. A staff record confirmed that training had been provided for staff on a range of topics the provider considered essential; these included food hygiene, infection control, equality and diversity, health and safety and medicines administration. The registered manager told us that they were due to complete a train the trainer manual handling course in October 2016 and could then train staff on manual handling. They told us no one currently using the service required manual handling and they would not take on anyone with manual handling needs until staff training was completed.

The registered manager told us that training could be sourced for other areas depending on the needs of the people they supported. We saw they had also encouraged the staff member to complete the Diploma in Health and Social Care. The registered manager told us staff received an induction before they started work at the service. We were shown the induction programme which followed the Care Certificate a nationally recognised programme for staff new to health and social care. We saw the programme included two weeks shadowing so that staff could observe tasks and a checklist was completed so that the registered manager was sure they were ready to start work on their own.

There were arrangements to provide staff with support for their roles. We were shown records of supervision provided to support the staff member and an appraisal that the registered manager was in the process of completing with the staff member.

People told us they were asked for their consent before care or support was provided. A person told us "They always check with me first to see if I am happy." We saw consent forms were in people's care plans to record their consent to the care support and support they received. The registered manager told us they understood the need to gain consent when they supported people and where someone may have difficulty in communicating their consent they looked for nonverbal clues from their body language.

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 so that they can 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. The registered manager and staff had received training on MCA and DoLS. The registered manager told us there was no one using the service had lacked capacity to make decisions about their care and treatment. However if they had any concerns regarding someone's ability to make a specific decision they would work with the person, their



relatives, if appropriate, and any health and social care professionals. We saw they had a process to record a mental capacity assessment for each separate decision being made, if this was needed; but we were unable to check if these processes worked in practice at this inspection.

At the time of inspection there was no one using the service that required support to meet their nutritional and hydration needs. The care plan included areas to record guidance for staff on the support required with people's food and drink needs. For example food preferences, dietary requirements, swallowing difficulties, food consistency, cultural needs or any allergies. However it was not possible to judge the effectiveness of these arrangements at this inspection.

People had access to healthcare professionals when they needed. The registered manager told us that where necessary they would seek to involve other professionals in people's care. Where appropriate, they would liaise with an OT, doctor or nurse about people's care or treatment and provide more training if appropriate to meet people's individual health conditions.

## Is the service caring?

### Our findings

People told us they were happy with the level and quality of care and support provided by the service. One person said "They are so kind and gentle; we chat all the time." We were shown a record of a compliment from a person using the service which said staff were, "consistent with care and gentleness." People's relatives told us their family members had developed positive relationships with the staff that supported them and that they were caring and kind. Another compliment stated "My personal care has always been spotless and with lots of laughter."

People told us the registered manager and staff member knew them well as it was such a small service. They said staff understood their health needs and any changes to their needs and preferences. The registered manager described how they supported people to be as independent as possible, for example, they checked with people what aspects of their personal care they could manage themselves and which areas they might need support with. People and their relatives confirmed this.

People and their relatives told us they were involved in drawing up their plan of care and support. A relative told us "We were very much involved in deciding what was needed and what we wanted and we still are." They said staff provided care in accordance with people's choices and preferences. A pre-assessment was completed before someone started to use the service so that they could be sure they could meet someone's care and support needs. These would always be completed with the person using the service and their relative if appropriate. People were provided with information about the service when they joined in the form of a guide. This explained how the service worked towards its aims and what they could expect.

People told us they were treated with dignity and respect. One person said "They always consider my dignity. I am a shy person and found it hard at first but they helped me relax and are always respectful." The registered manager gave examples of how they ensured the curtains were drawn and covered people when they provided personal care. They were aware of the importance of confidentiality concerning the people they supported.

Staff received equality and diversity training and the provider had an equality and diversity policy as a reference for staff. The registered manager told us that people's individual needs and rights would be supported regardless of their race, disability, sexual orientation, religion and age. Staff we spoke with were also aware of how they may need to meet people's individual needs, and gave examples such as awareness of particular routines for personal care and cultural dietary requirements. However we were unable to verify this from personal experience due to the limitations of the service when we inspected.

## Is the service responsive?

### Our findings

People told us they had an individualised plan of care to meet their support needs and this had been drawn up during discussions with them and or their relatives, where this was appropriate. The plan identified their needs such as any mobility, skin care or health needs and there was guidance about how to meet those needs. The care plan was reviewed regularly to ensure it remained up to date and reflected current needs and preferences. Care plans included space for guidance on a wide range of areas depending on people's individual needs. We saw daily notes recorded the care provided to ensure there was an accurate record of care and support.

People told us that the service was flexible where possible to try and meet their needs. A relative told us "They are very good like that and can vary the schedule if we need this." CQC had received a compliment earlier in the year that commented on how responsive the service had been during periods of ill health and how well staff had worked with health professionals.

People told us they had not needed to make a complaint but would talk to the manager if they were unhappy about anything. We saw people were provided with the complaints policy when they joined the service. This provided information on how to make a complaint, timescales for the response and who to refer to if people were unhappy with the outcome. We looked at the complaints log and saw there had been no complaints since the provider's registration.

## Is the service well-led?

### Our findings

People were complimentary about the way the service was managed. A relative told us "We are fortunate to have found Earlybirdcare." They told us they thought the service was well organised and tried to be flexible when needed. We found no concerns with the leadership at the service but there was insufficient information available from which to make judgments about the quality because of the current limitations of its scope and size.

There was a registered manager in place. They were aware of their responsibilities as registered manager and of the need to notify CQC about reportable incidents. They told us there had been no reportable incidents since the service was registered. They had current policies and procedures in place to run the service.

Staff told us they thought the registered manager was well organised. They told us that the registered manager was always involved directly in people's care and checked routinely that people were supported in line with their care plan.

We saw that there was a system to monitor the quality of the service; although, parts of it were not operational due to the very small size of the service. Therefore, it was not possible to judge how effective this would be if the service grew. The registered manager showed us records that evidenced they had carried out telephone monitoring calls, monitoring visits and spot checks previously when they had other regular staff. They said they would restart the checks if the service grew. They told us, as they provided the regular care on a daily basis; they were currently able to check directly with people if the service operated effectively or if any changes were needed. The registered manager told us daily records were returned to the office on a regular basis.

We saw the registered manager had designed a survey to send out to seek people's views about the service on an annual basis. The registered manager told us they would use this when there were sufficient people using the service to make it informative.