

# MJ CareCentre Limited

# Bluebird Care (Harrow)

## Inspection report

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Date of inspection visit: 12 February 2015  
Date of publication: 11/05/2015

### 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

This inspection took place on 12 February 2015 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 someone would be in. The service was last inspected in October 2013 and was found to be fully compliant with all the regulations we checked at that time.

The service provides support with personal care to adults living in their own homes. There were 135 people using the service at the time of our inspection. The service had a registered manager in place. 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. However, at this inspection we met with the care manager, who was standing in for the registered manager. The registered manager was on leave.

People told us they felt safe. Safeguarding procedures were in place and staff knew how to respond to allegations of abuse. Risk assessments were in place which provided information about how to reduce the risks to people.

# Summary of findings

There were sufficient staff to meet people's assessed needs and robust staff recruitment procedures were in place. Staff undertook regular training and were provided with supervision and appraisals from senior staff.

People were supported to eat and drink in a safe manner. Their support plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Staff we spoke with understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

The service carried out assessments of people's needs to determine if they could be met before they commenced providing care. Care plans were in place which detailed people's support needs and staff understood the needs of the people they supported.

People told us care was provided in a personalised manner. There were effective systems in place for dealing with complaints.

There was a clear management structure in place and staff told us that senior staff were accessible and approachable. The service had quality assurance and monitoring systems in place which included seeking the views of people, spot checks and checking of missed calls.

# 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. People told us they felt safe. There were appropriate safeguarding and whistleblowing procedures in place. Staff knew how to respond to allegations of abuse.

The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely. Staff understood how to support people.

The provider had sufficient staff to meet people's needs. All staff had been checked to ensure they were suitable to work with people using the service.

Good



### Is the service effective?

The service was effective. People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Staff were supported to fulfil their roles and records of regular supervision and appraisals had been kept. Staff told us they were supported by the management.

People were able to make choices about what they ate and were supported to eat and drink in a safe manner.

Good



### Is the service caring?

The service was caring. Staff were knowledgeable about people's needs and how to ensure they were met.

Staff told us how they promoted people's privacy and dignity and people confirmed their dignity and privacy were protected.

People were involved and their views were respected and acted on.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

Care plans were in place which were personalised to meet the needs of individuals. People told us staff provided care and support that met their needs.

People knew how to make a complaint and complaints were responded to and resolved appropriately.

Good



### Is the service well-led?

The service was well-led. There was a registered manager in place and clear lines of accountability.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

Good



# Bluebird Care (Harrow)

## 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.

The inspection team consisted of one inspector. We visited Bluebird Care (Harrow) on 12 February 2015. During the course of the inspection we spoke with six relatives of

people who used the service by telephone, along with five people using the service. We also spoke with eleven staff, including four senior staff. We examined various records, including records of eight people who used the service, such as risk assessments, and care plans. We looked at staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service.

# Is the service safe?

## Our findings

People receiving care and their relatives were happy with the care provided by the service. One person told us, “We feel safe using the service, because the care workers are competent and well vetted. If we did not feel safe we would have stopped using the service.” A relative said, “[My relative] has always received safe care, otherwise we would have changed the care agency.”

People who used the service were protected from the risk of harm and abuse. The provider had a safeguarding policy and procedure together with contact details of the local safeguarding team. Staff had received training in safeguarding adults. We spoke with seven staff and they knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager or where appropriate, the local authority or Care Quality Commission (CQC).

Risk assessments had been carried out and recorded in people’s care records. These included information about how to manage and reduce the risks faced by individuals. Risk assessments covered a range of areas, such as the physical environment, safety and security at home, moving and handling, risk of choking and medicines. Staff understood people’s needs and were aware of any potential risks to people. For example, they were able to tell us about how they would support people with swallowing difficulties by encouraging them to eat slowly and taking the right sitting posture during meals. Copies of risk assessments were kept at people’s homes to ensure staff were able to access them as required.

People said there were enough staff to meet their needs. One person said, “Staff are always on time. The care agency has never been short staffed”. Another person told us, “I always get enough staff to provide my care.” The care manager told us the level of support needed for each person was determined by the persons responsible for commissioning the care package. The care manager told us if the person’s needs changed they would seek to get extra care as required.

We looked at the human resources records of seven staff and found robust recruitment procedures were in place. This showed the checks the provider had undertaken prior to staff commencing work with the service. Each file contained two references from previous employers, criminal records checks, proof of identity and address, along with documents confirming the right of staff to work in the United Kingdom (UK). The care manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

People said they got appropriate support with taking medicines. One person told us, “Staff are competent in giving medication. [My relative] always receives medicines on time” and another person said, “Staff give my medication and it is given on time.” We saw each person had a medicines risk assessment in place which detailed the level of support they needed with taking medicines. Staff told us they undertook training about the safe administration of medicines and records confirmed this.

# Is the service effective?

## Our findings

People who used the service and their relatives were happy with the care provided by the service. People told us staff knew their needs and how to provide support to them. One relative told us, "All the carers that have come in over the years have all been trained and have sufficient knowledge in care." A person receiving care told us, "I am offered choices regarding the visit times, the meals I want to eat and the food that staff go and buy for me."

There were enough staff with skills and knowledge for their roles. We looked at staff records. Most had previous experience of working with people with learning disabilities. All new staff received induction training and had undertaken relevant training including, dementia awareness, moving and handling, infection control, and safeguarding. Refresher training had been booked to help staff to keep their skills up to date. Some staff had completed national recognised vocational qualifications in health and social care. Staff were aware of their roles and responsibilities. This was confirmed by some people receiving care and their relatives. One person told us, "All staff do they job well. They are superb."

There were Mental Capacity Act 2005 policies and procedures in place. Staff were knowledgeable about the requirements of the MCA and issues relating to consent. Staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles. People told us they were involved in planning and choosing their care and were able to make decisions for themselves. One person told us, "I feel involved in everything. The care manager visits before they change my care plan." A relative told us, "I

communicate on behalf of my relative. Staff ask me whether [my relative] should have a bath or shower. I choose [my relative's] clothes, food and activities. I am sure if [my relative] could speak, staff would allow more choice."

Staff received support to fulfil their roles from the care manager and the care co-ordinators. Staff received regular supervision and appraisals. Regular staff meetings were undertaken, which the care manager explained were necessary to ensure information about people was effectively shared. Staff told us they felt supported by the management, whom they described in complimentary terms, such as 'approachable' 'good' and 'supportive'.

People were supported to eat appropriate food and drink that met their needs. People told us they were able to have food and drink they wanted and staff supported them to prepare their meals. One person told us, "Staff ask what I would like to eat for lunch or supper." People's support plans included an assessment of their nutrition and hydration needs. Staff recorded food and fluid intake. Records showed the service had taken appropriate follow up action to ensure people's needs were met.

Care records showed that the provider had worked jointly with health professionals to meet people's needs. We saw evidence that people had been supported to receive advice and treatment from their GP and specialist health professionals such as occupational therapists. For example, the service had sought input from an occupational therapist for a person at risk of falls due to an uneven floor. The care manager told us, where needed, referrals were made to people's GPs for relevant input from healthcare professionals such as dieticians and occupational therapists. Staff told us they reminded people about their appointments and supported them to attend where required.

# Is the service caring?

## Our findings

People told us they were treated with dignity and respect by staff. One relative said, “Bluebird has been absolutely fantastic.” Another person told us, “Office staff make telephone calls to get feedback on the quality of care [my relative] is receiving.”

The care manager said they tried to provide people with the same regular carers so they could get to know their needs and build up trusting relationships. The care manager told us, “We set a regular schedule for our staff and [clients], so that our [clients] see a regular face every day to facilitate continuity.” Staff told us they usually worked with the same carers. When a staff member was unable to work the service arranged to send a replacement carer that had worked with the person before. People confirmed that they usually had the same regular carers. They told us if there was a change of carer for any reason they were notified in advance about that. One person told us, “I get the same staff to provide my care.”

People told us they were involved in planning their care. They said staff asked them about their needs and the support they needed. Relatives also said they were

involved in planning care. Care plans contained information about people’s likes and dislikes. A relative told us, “My [relative] has received care from Bluebird for many years. During all this time, I have been involved with all of [my relative’s] care planning and reviews.” A person receiving care told us, “I am fully involved in my plan of care.”

Staff told us how they promoted people’s privacy and dignity. They ensured doors and curtains were closed when providing personal care and knocked on their doors before they could enter their homes. A person receiving care told us, “[My relative] is not able to communicate. However staff respect [my relative] by talking through each step of care, ensuring they are appropriately dressed.”

The care manager said they sought to meet people’s diverse needs by matching them with staff that understood their cultural, ethnic and religious needs. For example, one person requested a carer of the same faith as them so they could support them to go to a place of worship. Other people were provided with staff who shared their same first language. This was confirmed by people receiving care. One person told us, “Care staff make sure I get the right cultural food, such as chapatti and vegetables.”

# Is the service responsive?

## Our findings

People told us they were happy with the care and support provided. A person receiving care told us, “I have never completed a survey but my feedback has been sought throughout and my views taken on board.” Another relative told us, “I told Bluebird I was not comfortable with a member of staff and Bluebird ensured this staff member did not return to my home after this.”

The care manager carried out initial needs assessments. Records confirmed these assessments took place and included speaking with the person and their relatives where appropriate. The provider also considered information from previous care providers as part of the overall assessment in order to get a complete picture of the person and their needs.

We looked at seven people’s care plans and we noted they were based on pre-admission assessments. They included information about how to meet the individual needs of each person in a personalised way. For example, care plans included a section, “How I would like to be supported”, which detailed how the person wanted to be supported, such as in moving and handling, eating and activities. This showed the care plans were based upon what was best for the person. People confirmed their needs were met by the provider. One person said, “I am happy with care that staff give me. Staff support me with my day to day personal care.”

Staff understood the needs of people they supported. They told us their understanding of people’s needs was

enhanced because they were allocated to regular people, and as a result they were able to build up good relationships with them and got to know their support needs. Staff told us they were expected to read people’s care plan before they could provide support. Copies of care plans were kept at people’s homes so staff were able to refer to them as necessary.

The care manager told us that care plans were reviewed after the first six months or more frequently if required. This was to check if a person’s needs had changed in order to enable the service to respond to those changes. Records confirmed the reviews took place which included the person. A relative told us, “Meetings about care planning and reviews have taken place in my home frequently. Staff have involved me each time. We do feel valued because of this involvement.” All care plans were signed by the person receiving care or their representatives, indicating their involvement.

The service had a complaints procedure in place. People using the service and their relatives told us they were aware of the formal complaint procedure. This was included in information given to people when they started receiving care. People told us they felt happy and had no reason to complain and were confident about speaking with the registered manager if this was needed. A person receiving care told us, “I am aware of the complaint policy but never needed to complain.” We noted the service had received six complaints, which we found had all been responded to appropriately and resolved to the satisfaction of the person that made the complaint.



# Is the service well-led?

## Our findings

The service had a registered manager in post, who was supported by a care manager, two care co-ordinators and an administrative staff. There was a clear management structure, and staff understood the lines of accountability. Staff felt supported in their role and did not have any concerns. They said the senior staff were accessible and approachable. The service had a 24 hour on-call system which meant there was always a senior member of staff available to talk to if required. Care staff and people receiving care confirmed the on-call system was reliable. One relative told us, “We had an emergency out of hours, and within minutes Bluebird had sent someone to attend to my relative.” A person receiving care said, “I have not had any reason to call out of hours, but I have their number if I need to.”

The service had a culture that was open and transparent, and encouraged good practice. The provider held regular staff meetings to enable staff to share ideas and discuss good practice when working with people. Staff told us the managers routinely asked them for their views about the service and any concerns they had.

The care manager and care co-ordinators undertook regular checks and audits of various areas of service delivery. The service conducted unannounced spot checks once every month to monitor the performance of staff and to check if they were meeting people's needs. These checks included staff's punctuality, the quality of logs, medicines, dress and appearance and how they worked with the person. Any issues of concern arising from these visits were discussed with the staff concerned and where appropriate shared in staff meetings. Staff confirmed senior staff visited to check if they were meeting people's needs.

People told us the service sought their views. One person said, “I have never completed a survey but my feedback has been sought throughout and my views taken on board.” The care manager said the provider carried out an annual survey of people and their relatives to gain their views. We saw the most recent survey was completed in January 2015 and 73 people had responded. This contained mostly positive feedback. Comments from ‘customer review survey’ included, ‘happy with both care workers’, ‘nothing to complain about’ and ‘happy with Bluebird’. We saw where people had raised issues of concern these had been addressed, such as staff not informing people if they were running late.

The service had an accident and incident book, where any investigations undertaken and subsequent action plans were recorded. The care manager told us that the outcomes of investigations were always discussed with staff to ensure any learning was used to improve practice. For example, we noted that a falls incident had been recorded as having resulted from an uneven floor. The provider reported this to the social worker, who then involved an occupational therapist to adapt the environment for the person and also to the change of care plan from one care worker to two.

The service had a whistleblowing policy. Whistleblowing is making a disclosure that is in the public interest. It occurs when an employee discloses to a public body, for example, the police or a regulatory body that their employer is partaking in unlawful practices. Staff were aware of when they would need to use the whistleblowing procedure. For example, they told us they would take it upon themselves to contact the local authority, CQC or any other relevant organisation if management staff did not take action in relation to concerns about people's safety.