

Most Stars Limited

Bluebird Care (Hounslow)

Inspection report

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20 June 2017

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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

The inspection was carried out on 19 and 20 June 2017 and was announced. The service was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls were carried out on 22 and 23 June 2017 to obtain feedback from people using the service and their relatives.

Bluebird Care (Hounslow) provides domiciliary care services for adults with a wide range of needs. The service offers support to people who require help with day to day routines, including personal care, meal preparation, shopping, housework and supporting people out into the community. At the time of inspection there were 26 people receiving personal care.

The service is required to have a registered manager. 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. The registered manager had been in post since October 2016.

Safeguarding procedures were in place and staff reported any concerns. One issue in relation to needing to notify the local authority of a safeguarding scenario was discussed with the registered manager during the inspection. They took appropriate action to address the concern at the time of the inspection.

Risks were identified and assessed and action plans put in place to minimise them.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed. There were enough staff employed to meet people's needs.

People received the care and support they needed to manage their medicines.

Infection control was being managed by the service.

Staff received training and supervision to provide them with the skills and knowledge to care for people effectively.

Staff respected people's rights to make choices about the care and support they received. Staff knew to report any deterioration in people's capacity to make decisions for themselves.

Staff supported people with preparing meals if they required it and listened to people's wishes.

Procedures were in place to ensure people received any assistance they required to gain healthcare input.

People were happy with the care and support they received and staff were kind and treated people with dignity and respect. Staff took the time people needed to meet their care and support needs.

People were assessed and were involved with their care records so their wishes were identified and included. Staff read the care records so they knew and understood the care each person needed.

Procedures for raising complaints were in place and people felt able to raise any concerns so they could be addressed.

People were happy with the service they received, were being listened to and had their needs met. People and staff all said they were happy to recommend the service to others.

Care assistants felt well supported by the registered manager and office staff and felt able to contact them to discuss any matters.

Systems for monitoring the service were in place and being followed. The registered manager was receptive and acted promptly to improve monitoring processes for incidents and accidents.

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.

Safeguarding procedures were in place and staff reported any concerns. One issue in relation to needing to notify the local authority of a safeguarding scenario was discussed with the registered manager during the inspection. They took appropriate action to address the concern at the time of the inspection.

Risks were identified and assessed and action plans put in place to minimise them.

Recruitment procedures were in place and being followed to ensure only suitable staff were employed. There were enough staff employed to meet people's needs.

People received the care and support they needed to manage their medicines.

Infection control was being managed by the service.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to provide them with the skills and knowledge to care for people effectively.

Staff respected people's rights to make choices about the care and support they received. Staff knew to report any deterioration in people's capacity to make decisions for themselves.

Staff supported people with preparing meals if they required it and listened to people's wishes.

Procedures were in place to ensure people received any assistance they required to gain healthcare input.

Is the service caring?

Good ●

The service was caring.

People were happy with the care and support they received and staff were kind and treated people with dignity and respect.

Staff took the time people needed to meet their care and support needs.

Is the service responsive?

Good ●

The service was responsive.

People were assessed and were involved with their care records so their wishes were identified and included. Staff read the care records so they knew and understood the care each person needed.

Procedures for raising complaints were in place and people felt able to raise any concerns so they could be addressed.

Is the service well-led?

Good ●

The service was well led.

People were happy with the service they received, were being listened to and had their needs met. People and staff all said they were happy to recommend the service to others.

Care assistants felt well supported by the registered manager and office staff and felt able to contact them to discuss any matters.

Systems for monitoring the service were in place and being followed. The registered manager was receptive and acted promptly to improve monitoring processes for incidents and accidents.

Bluebird Care (Hounslow)

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 was carried out on 19 and 20 June 2017 and was announced. The service was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. Telephone calls were carried out on 22 and 23 June 2017 to obtain feedback from people using the service and their relatives. The inspection and telephone calls were carried out by one inspector.

Before the inspection we checked the information that we held about it, including any notifications sent to us by the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider had 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.

During the inspection we viewed a variety of records including recruitment and training details for three staff, care records for four people using the service and medicine instructions and administration records for three people. We also viewed staff allocations, policies and procedures, audit and monitoring records, the business continuity plan and other documentation relevant to the inspection.

We spoke with the provider, the registered manager, one field supervisor, one care coordinator, three care assistants and an external trainer. We obtained feedback from six people using the service and two relatives of people using the service.

Is the service safe?

Our findings

People confirmed they felt safe with the care assistants. One person said, "They are always on time and they are very pleasant when they are with you. I feel very safe with them."

Procedures were in place to protect people from abuse. Staff were able to describe different types of abuse and were clear to report any concerns to the registered manager, who said they would report any such concerns to the local authority safeguarding team and to the Care Quality Commission (CQC). Two safeguarding concerns had been reported to the local authority and CQC since the last inspection. We viewed the incident and accident records and identified one report that contained a possible safeguarding element. The service had taken action to follow this up and review the person but it had not been reported to the local authority. The registered manager addressed this at the time of inspection. We discussed ensuring any events that could have safeguarding elements be reported to the relevant local authority so they could review the situation and take any necessary action, which the registered manager confirmed they would do.

Risks were assessed as part of each aspect of the person's care and support and control measures to minimise each risk were recorded. Assessments of the external and internal environment were carried out to identify any issues and ensure the environment was safe. Accidents and incidents were reported and recorded, along with any action taken to minimise the risk of recurrence. We gave the care assistants emergency scenarios and they all said they would call the emergency services and then inform the office. We saw from records viewed that staff responded well to emergency situations and that the office staff provided support and also attended if needed to provide support to the care assistant and to the person.

Lone working risk assessments had been carried out for staff that highlighted the risks and the actions to take to keep staff safe. The service had a business continuity plan and this prioritised calls at times such as extreme weather conditions or transport disruption. There was a traffic light system in place to identify priorities for care and support in the event of contingency planning being necessary.

Recruitment procedures were in place and were being followed to ensure only suitable staff were employed by the service. Application forms with education and work histories and health declarations had been completed. A minimum of two references had been taken up and these included the last employer or college tutor, depending on whether the applicant had previously been employment. Disclosure and Barring Service (DBS) checks had been completed and proof of identity documents including the applicant's right to work in the UK were available. If staff used their own car for work they completed a 'use of own car' form and provided proof of current insurance and MOT details. The service had two cars to loan to staff if their cars were not available so they could continue to provide care and support to people.

Staff confirmed pre-employment checks had been carried out as part of the recruitment process and they had been asked to explain any gaps in employment so the service had a full history. Staff were issued with identity (ID) badges and people confirmed that staff wore a Bluebird Care uniform with a name or ID badge so they knew they were from the agency.

People confirmed they had regular care assistants who stayed the full time they were meant to and usually arrived on time, except when held up, for example, in traffic. People said they received a weekly rota in advance so they knew who was going to attend. Comments included, "There is consistency and regular staff, which is good". "They are pretty dependable" and "They will always notify me to say who is coming so I know beforehand." There was a telephone logging system and if no-one had logged in within 20 minutes of the start time of a call this was flagged up on the computer system or the out of hours on-call mobile phone. The care coordinator then followed it up to find out why the carer was late and to ensure the call was carried out. One person who said they had been having a variety of care assistants, had spoken with the service and this had been addressed so they now had regular care assistants. The registered manager said they only took on new packages if they had the staff available to cover them.

Moving and handling equipment was identified in the care records and this included the date when the equipment was last serviced, so the provider knew equipment was being maintained. Where people had a family member as their main carer and a care assistant from the service worked with them to provide care, for example, for moving and handling and personal care needs, the registered manager said they assessed to ensure both the care assistants and the family members were proficient in the use of the equipment so the person was cared for safely. Relatives confirmed they had received training from the equipment suppliers and worked with the care assistants to ensure equipment was used safely.

The service had comprehensive policies and procedures for medicines management. Staff had received training in medicines administration. Where the care assistants were responsible for the prompting or administration of medicines, they confirmed they felt confident and had received the training they needed to do this. Medicines were listed in the care records along with information regarding what each medicine treated and any side effects that could occur. The medicine administration records (MARs) we viewed were up to date and any gaps in signing had been followed up and an explanation recorded. These records were completed and stored electronically. The office staff had access and could identify promptly if there were any gaps in signing and then followed it up with the care assistant. We saw reasons for non-administration were clearly recorded so any omissions were identified. The registered manager audited the MARs each month and there was an action plan to record any issues and identify what action was taken to address them.

Personal protective equipment (PPE) including gloves, aprons and overshoes were provided for infection control. People confirmed that staff used PPE when supporting them with personal care.

Is the service effective?

Our findings

People confirmed that new care assistants would shadow an experienced one so they were shown how to care for them effectively. Comments included, "An overseer came with a new carer and made sure they knew what to do" and "If I have a new carer, someone who is regular will be there so they are shown what to do. It puts me at ease at the same time."

Staff said they received training to provide them with the skills and knowledge to care for people effectively. Topics included health and safety, moving and handling including use of equipment, infection control, first aid, mental capacity and deprivation of liberties, equality and diversity, dementia care and customer care. New staff had a five day induction training covering all aspects of their role and providing face to face and practical training. Staff confirmed they completed online training and also received practical training and the service had a training room with moving and handling and resuscitation equipment for training purposes. Four staff were undertaking recognised qualifications in health and social care. The external trainer confirmed the care assistant rotas ensured staff could attend monthly face to face training sessions and that the registered manager had worked with them to identify previous learning to feed into the qualification. They told us the service was "very positive and very welcoming in terms of working together."

People and relatives felt staff were trained and knew the care and support people required. Comments included, "I feel quite comfortable and they know what they are doing" and "I think they have regular training sessions. If anything bothered me I would call the office and ask them to run over a few things with the carers." People confirmed spot checks were carried out by the field supervisors to assess the quality of the care being provided. For care assistants, one to one supervisions took place weekly during their probation period and thereafter they had monthly spot checks or face to face supervisions. The office staff said they carried out supervisions if any issues were identified so they could be addressed. Staff felt well supported and able to raise any issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Policies and procedures for MCA and DoLS were in place and staff understood people's right to make decisions for themselves and respected this. People's mental capacity was assessed as part of the initial assessment process and also at each review, so this was monitored. We asked care assistants what they would do if they felt someone's capacity was deteriorating. One told us, "If there were any changes I would speak to [registered manager]" and all confirmed they would contact the office to report the changes. The registered manager said if they received concerns they would contact the local authority who were responsible for carrying out a best interest assessment and, if required, referring the matter to the Court of

Protection. Where people had someone with power of attorney acting on their behalf, this was identified in care records.

Staff confirmed they were happy to assist with meal preparation and this ranged from heating pre-prepared meals to cooking a meal following a simple recipe. People were happy with the help they got with meals and comments included, "They always ask me what I want to eat, how I want it and the portion size I want" and "[At breakfast] I usually have the same thing. I'm sure they would do something else if I asked." Information about the food and drink people consumed was recorded in the daily records and if any concerns were raised then the office staff would pass this onto the next of kin or a healthcare professional.

Contact details for healthcare professionals were in the care records. These included the persons' GP, dispensing pharmacist, district nurse and other healthcare professionals involved such as continence care nurse specialists. Care assistants said if someone was unwell or if they noted a medical issue such as a change in someone's skin condition and they needed to see a healthcare professional, they would explain this to the person and then inform the office. If the person was unable to deal with this directly then the office staff would contact their next of kin, or, if appropriate, would make contact with the GP or district nurses on behalf of the person. The office staff confirmed this process and did so for someone who needed input from the district nurses at the time of inspection. The registered manager kept a record of hospital admissions to identify the reason for it, any action taken and discharge date. They said this kept them up to date with people's health needs and they could see the care records were reviewed to reflect any changes.

Is the service caring?

Our findings

People were satisfied with the care and support they received. Comments included, "I can't fault them, they are fantastic. The carers are polite and the office is very accommodating if I have any last minute changes", "They are more like a family to me", "I am satisfied with what they do and I know they are coming. They are very polite", "I'm alright and everything is okay. Whoever I want they will give me", "The carers we have are very good and we have had no problems with the office staff" and "I'm alright with the carers and I get on well with them."

Relatives were also happy with the care and support provided by the service. Comments included, "I am very happy. Very kind, very experienced and they do their job perfectly. They always ask if there is anything else they can do", "I highly recommend the company, especially the carers I have – very friendly and quite jovial, we always have a good laugh" and "They talk to [relative] and explain what they are doing. They are all very good with him" People and relatives confirmed staff treated them with respect and preserved people's privacy and dignity.

We asked all the staff what was important to them regarding the care and support people received. Comments included, "You have to respect people no matter what their gender or religion", "The care we provide and making sure the customers are happy with the care we provide. If they are happy then you are making a difference", "We go above and beyond and provide a good quality of care" and "I think you have to make a difference." The care assistants enjoyed working with people and one told us, "I'm very happy to be working here and I love going out to work in the morning."

Staff said they knew it was important to support people to maintain as much independence as they were able to. One of them told us, "I want them to be in control as much as they can be" and one person told us, "I like to do some things for myself if possible." All the staff said they would recommend the service and would be happy to have a loved one being cared for by them.

People confirmed they had been asked if they wanted a male or female carer and said their choices were always respected. The electronic allocations system had a section where the preferred gender for the care assistant could be recorded and once completed the system would not allow the care coordinator to allocate a care assistant of the wrong gender to a person, which ensured people's wishes in respect of this would be met.

Information about people's religious and cultural needs were also recorded and the service matched people with appropriate care assistants. For example, where someone had requested a care assistant that spoke the same language, this had been met. Information about hobbies and interests was recorded so staff had social information about people. The service offered a companionship service and this included visiting people if they were in hospital, so people saw a familiar face and had someone to chat with.

Is the service responsive?

Our findings

People and relatives confirmed that someone from the service had carried out an assessment to identify people's care and support needs prior to providing a service. Comments included, "They interviewed us to see what we needed" and "They asked me what [relative] needed doing and how they responded. They found out all about them before they came. They were very good." People and relatives said the field supervisors attended to carry out periodic reviews of the care plans. One person said, "Regular assessments are done and if something new comes up it is always added in."

The service had a secure electronic system for the completion and storage of the care records. Care plans were completed and copies were available in people's homes. People signed to agree that the care plans were accurate and they had been involved with drawing them up. The care plans were comprehensive and covered each aspect of a person's care and support needs. They provided a good picture of the person, their needs and wishes and how these were to be met. The care records identified if people required care and support from one or two care assistants and when one care assistant worked with a family member to provide care.

Staff had electronic access to the care plans for the people they supported, so they could read them and keep up to date with any changes. Staff confirmed they read the care plans prior to carrying out care so they understood each person's care and support needs. One care assistant told us, "I make it my business to always read the care plan, there is a wealth of information at your fingertips."

Daily care logs were completed electronically and saved on the system. The office staff could access these records to see the care and support that had been provided at each visit and also to monitor the records to ensure they were complete and clear. The office staff completed their own records to evidence any intervention they had, for example, telephone calls to people and contact with health and social care professionals.

People and relatives were happy with the care and support the service provided. They confirmed that if they raised any issues with the care assistants they were listened to and responded to. One person said, "They take it on board and they respect my wishes."

The service had a complaints procedure and people and relatives knew if they wanted to raise a complaint or concern they should contact the office to do so. Comments included, "If there was anything I would ring them", "You speak to the person in charge and they would deal with it" and "The carers are very good to me. Any hiccups have been ironed out." Complaints and concerns received had been recorded, investigated and responded to. If people were not satisfied with the outcome of a complaint they could refer it to the Local Government Ombudsman and contact details were contained in the Customer Guide given out to people using the service.

Is the service well-led?

Our findings

People and relatives were happy with the service and they all said they would recommend the service to others, some confirming they had already done so. They felt the service was being well managed and the office staff kept in touch through reviews and spot checks for staff. They felt able to contact the office at any time and that they would be listened to. One person said, "They always get in touch with my [relative] if there is anything and I am happy with that."

Care assistants said the registered manager and the office staff were supportive and approachable. Comments included, "They are friendly and supportive. I am happy with them, everything is fine" and "It's a nice company to work for, welcoming and approachable. I've never had any concerns. A really good manager. They are very thorough at explaining things to you."

The office staff were happy working for the service. One told us, "Coming to Bluebird Care is the best choice I have ever made." We discussed with the office staff the importance of supporting people by carrying out monitoring visits and one said, "To make them feel comfortable that they can come to me – building the relationship so they can trust you." We observed the office staff during the inspection and they communicated well with people who contacted the office, giving them time, listening to them, providing constructive options and, where required, contacting health and social care professionals on their behalf.

The registered manager had many years' experience in the care sector in a variety of roles. They had a recognised management qualification in leadership for health and social care. The registered manager had an 'open door' policy and knew the importance of providing a structure for staff to work as a team and said, "For us to grow we all have to work to a plan." They had access to social care online forums and websites and they also received hard copy and online social care publications. This kept them up to date with current good practice guidance and information about changes in social care. The service also had a copy of the National Institute for Clinical Excellence Homecare guidelines to refer to. The registered manager said they felt supported by the provider and had been encouraged by them to use their own initiative and style to manage the service.

The service had auditing and monitoring processes in place to include monthly audits of medicine and care records. We saw that where any issues had been identified, action had been taken to address them, for example, providing supervision and clear written instructions to staff to ensure they understood fully how to meet a specific care need. They also maintained a log of concerns and complaints and recorded the actions taken to address them. The complaints were for different issues and the registered manager said they monitored complaints for any trends. There were more comprehensive monitoring forms for each aspect of the service. Following the inspection the registered manager said she would be increasing the auditing of each area of the service to monthly to ensure any issues were identified promptly and could be addressed. The service was part of a franchise and the franchisor had carried out a recent audit of the service and the registered manager had taken action to address any areas for improvement identified, for example putting charts in place for when staff applied creams so the areas were clearly identified.

There was a log of accidents and incidents with a log recording the action taken and the outcome, however some information was quite brief. The registered manager drew together additional information during the inspection which demonstrated that appropriate action had been taken, for example, involvement from an occupational therapist or physiotherapist to better support a person. The registered manager said they would improve their monitoring of incidents and accidents. Following the inspection they submitted an action plan for improved auditing and monitoring.

Telephone surveys with people had been completed and action taken to address any issues raised. For example, a comment regarding having several care assistants had been taken on board and action taken to keep people with small team of regular care assistants wherever possible. Results from the last satisfaction surveys for people had been analysed and responded to in January 2017 and people were very happy with the care and support they received. People confirmed they had recently received new satisfaction surveys and we saw some had been returned. The registered manager said these would be analysed and an action plan drawn up if required. Staff had completed surveys in November 2016 and feedback was positive apart from a comment on travel times. Action was being taken to improve this and the care coordinator said they tried to allocate staff using public transport to one area to keep travel times down.

The registered manager had reviewed the policies and procedures held by the service and new ones were being introduced so that the information was up to date and in line with good practice guidance, and we saw examples of this. With the exception of one injury, notifications had been submitted to the Care Quality Commission for notifiable events. This was addressed at the time of inspection and the registered manager also submitted notifications for events that occurred during and shortly after the inspection.