Ahmed & Gul Ltd

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Inspection report

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Date of inspection visit:
25 January 2017
27 January 2017

Date of publication:
27 February 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 25 and 27 January 2017 and was announced. During our last inspection in May 2015 we rated the service as 'good'.

Bluebird Care (Luton) is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 88 people using the service.

There was 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 using the service were kept safe from risk of harm and staff understood the ways in which they could be safeguarded from abuse. Risk assessments were detailed enough to minimise any risk to each person and to account for risks of working in people's homes. Care plans contained sufficient information to ensure that people's needs were being met where necessary, including their dietary and healthcare needs. Satisfaction surveys were sent out to ensure that people were happy with the care they received, and improvements were made on the basis of people's feedback.

Staff received the correct training to undertake their duties effectively, and received supervisions and performance reviews to support their continued development. Staff understood their roles and responsibilities and were knowledgeable about the ways in which people gave consent and how the Mental Capacity Act was applied in practice. Staff demonstrated a caring attitude and understood how to treat people with dignity and respect. Staff meetings were held regularly and provided an opportunity for the team to meet and discuss issues affecting the service. New staff received a full induction into the service, and robust recruitment procedures were in place to ensure they had the skills and experience necessary for the role.

People's backgrounds, social histories, preferences and cultural needs were included in their care plans and they were involved in reviews and meetings about issues relating to their care. Where people required support with administration of their medicines, the service kept appropriate records and information on their file. Quality audits were completed regularly to ensure that the service was identifying any areas for improvement and taking appropriate action to resolve them. People and staff were positive about the registered manager and management team within the service and shared their visions and values. People knew who to complain to if necessary, and the manager had an effective system in place for handling and resolving complaints.

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.

Staff had a good understanding of the ways in which they could support safe to keep safe.

Staff were recruited safely to work in the service.

People's medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received the correct training and supervision to enable them to fulfil their roles effectively.

People gave consent to care and staff had knowledge and understanding of the Mental Capacity Act and how it applied in practice.

People's healthcare and dietary needs were assessed and met where appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and understood people's needs, preferences and cultural backgrounds.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans contained an appropriate level of detail to enable staff to offer effective support, and were regularly reviewed with involvement from the person and their relatives.

There was a complaints system in place to handle and resolve people's complaints promptly.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There were robust quality assurance systems in place which identified improvements and changes that needed to be made.

Team meetings were held regularly to give staff the chance to discuss issues affecting the service.

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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.

This inspection took place on 25 and 27 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by two inspectors and an expert-by-experience who made phone calls to people using the service. An expert-by-experience is a person who has experience of using this type of service.

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. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority contract monitoring records.

During the inspection we spoke with six people who used the service and five of their relatives, five members of staff and the care manager. We looked at six care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at six staff files including recruitment information, training and induction records and details of when staff were supervised. We also looked at quality audits, satisfaction surveys, minutes of meetings and complaints received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People and their relatives we spoke with told us they felt safe receiving care and support from the service. One person said, "I feel completely safe and secure with their [care staff]'s help." Another person told us that staff observed safe practices when delivering their care. They said, "All staff use gloves and aprons when carrying out their duties. Usually their uniforms are clean and tidy. Everything is very hygienically done."

The staff we spoke with were able to describe some of the ways in which they kept people safe. One member of staff said, "If they have any equipment that we need to use then we make sure we're confident and have had the right training. We check the house, don't leave things around, and turn things off after we use them. We make sure people are comfortable and secure." The service had a safeguarding policy in place, and the staff we spoke with understood the process they would follow if they had any concerns relating to abuse or people's welfare and safety.

Records were kept of safeguarding incidents that the provider had referred to the local authority with evidence of what action had been taken to reduce the risk of recurrence. The report completed by the care manager regarding an incident in January 2017 included outcomes from the enquiry, lessons learnt, the views of the person at risk, what risks remained and how these were to be managed. Appropriate action had been taken to share the information with other agencies to ensure that other people were protect from unsafe practice by the members of staff who were involved.

Although people had risk assessments in place in relation to them being supported to move, medicines and nutrition and hydration, we found that sometimes there needed to be more detailed information about the actions staff needed to take to reduce the risks. There were two assessments to assess the risk of poor nutrition or hydration, but the more detailed one that included control measures was not always completed fully. A home risk assessment was completed for each person and this included information about where their supply of utilities such as gas, water and electricity could be accessed and switched off in an emergency. We shared our concerns in relation to the detail in risk assessments with the care manager, who acknowledged the limited detail and told us that information was still being transposed from paper records onto their new electronic system.

The people we spoke with felt there were enough staff available to meet their needs, and that staff were punctual and able to stay for the correct amount of time. Nobody we spoke with told us that calls were missed or persistently late, and some people who had experienced late calls in the past were keen to tell us that this had since improved. One person told us, "They come at the right time and stay for the agreed 30 minutes. No problems at all. I hope this carries on."

We looked at the way that rotas were managed to ensure that enough staff were deployed to meet people's needs. Staff were allocated rotas a week in advance although these were sometimes subject to change depending on people's needs. The care manager told us, "If somebody wants to move a call, say if they have an appointment or a visit, then we always do what we can and try and get it moved. Usually we can." The staff member responsible for managing the rotas showed us how these were planned and how visits were

allocated. They said, "We always allow for 15 minutes of travel time between visits, but try and keep them in the same area as much as possible." There was a clear system in place for checking the availability of staff before accepting new referrals to make sure that their needs could be adequately met. There was an out-of-hours on-call system in case of any changes or emergencies outside of working hours.

The service had a policy for ensuring that staff were recruited safely to work at the service. We saw that two references were sought from employers before new staff commenced work, and that they had valid Disclosure and Barring Service (DBS) checks on file. Interview notes looked at the person's experience and character to assess their suitability for the role, and any gaps in people's employment history were explained where necessary. We did note that for one member of staff a reference had been provided from a personal email address and not verified. We raised this with the care manager who acknowledged this and explained that the service would always make a telephone call to verify references. We noted for another person with no work history, three independent character references had been further supported by a risk assessment. Extra monitoring had been put into place during this staff member's induction to assess the level of their performance.

The people we spoke with told us that if they needed support with taking medicines then this was carried out correctly by their staff. If staff administered medicines to people then they were subject to a competency and quality assessment which involved their practice being observed by a supervisor. People's medicines were listed in their care plans and some people had an electronic MAR (Medicines Administration Record) completed. However, paper MAR sheets were still in use for most people and in order to reduce errors, these were pre-printed with the person's name; address; date of birth; allergies; name of the medicines, dosage, route to be given and date started. Staff were signing by putting their name and the time each medicine was given so that they were able to ensure that they had allowed enough between each dose.

Good

Is the service effective?

Our findings

The people and relatives we spoke with felt that staff received the correct level of training and support to carry out their duties effectively. One person said, "[Regular staff] is well trained and completely professional in all that she does." Another person told us, "I cannot fault anything about the help I get."

The staff we spoke with were positive about the way they had been inducted into the service when they first joined. One member of staff said, "We have all our training first. Being new to care that's helped me to understand a lot. Then we work with the other staff and go to calls with them to observe and they give us feedback. I did twelve weeks of shadowing in total, and I was definitely ready by the time it finished." We saw in staff files that induction was structured and that each member of staff was subject to on-going supervision and spot checks during this process. This meant that new members of staff were confident and competent to perform their roles effectively following their induction.

Staff told us they were also happy with the training they received. One member of staff said, "It's good training we get. We do it all when we start but then if any new training comes up we can complete it ourselves." Another member of staff said, "The training has been really helpful to me." All staff completed mandatory training in areas such as moving and handling, safeguarding, health and safety and administration of medicines as part of their induction. The service then offered more specialised training to staff to provide them with the ability to better understand people's individual needs. For example we saw that staff had attended courses in dementia care, nutrition and dignity. We noted that for each member of staff their knowledge was further tested by competency assessments to determine whether they had been able to put their knowledge into practice. This meant that staff received the correct levels of training to support people effectively.

Staff were also provided with opportunities to complete further professional qualifications to promote their continued development. This included QCF Level 2 and 3 qualifications in Social Care. The care certificate had been introduced as part of the induction process.

Staff training included an introduction to the Mental Capacity Act. 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. Staff were able to describe the principles behind this legislation and how it applied in practice. Consent was sought during initial assessments and a service contract was issued to people which explained the type of care the agency would offer and asked for their consent to deliver care and support in line with their care plan.

Some people had signed their care plans to show that they agreed the contents and they consented to their care and support. They had also consented to their records being shared with other professionals. However some of the electronic records updated recently had not been signed by people who used the service. The provider had a mental capacity assessment form, but this had not been completed in any of the six records

we looked at. The manager said that this was because all of the people whose records we looked at had capacity to make informed decisions about their care and support.

Staff told us they received regular supervision, spot checks and appraisals. One member of staff said, "I have them maybe once a month, sometimes less but normally they're pretty regular." Another member of staff told us, "I have good supervisions. I don't have any concerns and they don't have any concerns about me, so it's an opportunity to discuss individual [people] and just catch up really." The care manager showed us a matrix which showed when supervisions and appraisals and been completed and were due to be held over the course of the year. Spot checks took place in the community to allow senior members of the staff team to provide feedback to the care staff. This included observations in areas such as "did the care worker arrive at the specified time" and "did they complete the tasks listed in the care plan?"

People's healthcare conditions were listed and the service assessed the support that each person required to maintain their health and well-being. One relative said, "The carers are very diligent in checking the risk of bed sores and routinely administer prescribed moisturising cream to help my relative be comfortable." Another relative said, "My relative is having more information recorded in relation to [their] [condition] to help the district nurses or GP know exactly what is going on." We saw that there was telephone communication notifying the provider that a person would not need support for most of the day on 23 January 2017 because they needed to attend hospital.

Each person had an assessment completed which detailed the foods and drinks they enjoyed, any support they required with eating and drinking and whether they could prepare food independently. One person said, "They prepare my food exactly how I like it." A relative told us, "They always offer [person] choice. [They] have the same breakfast everyday too, but again the carers never take that for granted." If people required support in this area, their daily notes included details of which foods and drinks they'd been provided and how their nutrition and hydration needs were being met.

Good

Is the service caring?

Our findings

The people and their relatives we spoke with were positive about the caring and patient attitude of staff. One person said, "I have not got a bad word to say about any of my carers. They treat me like family. They tell me their names immediately and we get on with getting me ready for the day. They wash and dress me the way I want it done. They are so gentle and patient. I can't speak well enough of them." Another person said, "I could not ask for nicer people to look after me. They couldn't be better. We have a good laugh. They always ask me what I want them to do on each of the visits. They know what I like and how I like things done. One relative said, "My relative is very wobbly on [their] legs now. [They] are getting more frail. But [staff member] is excellent. [They] with my relative in a very gentle and patient way and supports [them] the whole time. They get on really well and [staff member] is more like a friend to the family."

People we spoke with told us they received consistent care from staff who knew them and understood their needs. One person said, "Its lovely having the [staff] visit me three times a day. It is something to look forward to. I get on really well with [regular staff member]. We have no problems at all. [Staff] knows how to wash and dress me better than I do! [They] do my laundry really well and [they] keep me organised. [Staff] are very kind and gentle." A relative said, "In the past we saw too many carers. I am pleased to say that the Bluebird Care managers have responded and we now have a very good carer called [care staff] who we see regularly. Another relative told us, "We look forward to the carers coming because they brighten up our day. We don't get to see many people so it is lovely to have a chat while they are getting [person] washed and dressed. The carers know [them] really well."

The staff we spoke with were positive about the care they provided and the relationships they had with people using the service. One member of staff said, "The best thing about working here is the people. They are the reason I come to work." Another member of staff said, "It's a great job and I love seeing [person] regularly."

People and relatives told us they had opportunities to share their views and that the management staff called them up to check that they were receiving the correct level of care and support. One person said, "I told the supervisor I am delighted with the care I receive. I am ever so pleased." The care manager told us that the new system they had introduced allowed for family members to access information remotely relating to the person's care. For example if a relative was on holiday they would be able to log into the electronic system to check that carers had completed visits on time and that tasks had been followed correctly.

The people and their relatives we spoke with felt that they were treated with dignity and respect. One relative said, "[Regular staff member] moves [person] from the bedroom to bathroom very steadily at [their] pace. We wanted a male carer because [person] did not want to be washed and dressed by a female, which is fair enough."

Staff were also able to tell us about some of ways they treated people with dignity and respect. One member of staff said, "I just treat people how I'd like to be treated myself. I want them to be happy." Another member

of staff said, "We know that some of these [people] are older and value their privacy and their dignity. We want them to feel comfortable with what we're doing. We cover them up, give them space and treat them like you would friends or family."

Good

Is the service responsive?

Our findings

People and their relatives told us that they were involved in the assessment and care planning process when people began using the service. People's care records showed that an assessment of their care and support needs had been carried out prior to them being supported by the service. Personalised care plans gave staff information on how they could support people to meet their needs in the following areas: personal care; nutrition and hydration; housekeeping and their health conditions.

Each person had individual outcomes that staff needed to support them with at each care visit. For one person, these included promoting dignity and respect, promoting improved health, healthy diet, safe environment and reduce risk of infection, and promote positive contribution, choice and control. One person said, "My ability to get around is getting worse. So I depend on the carers. They use the rota stand with me very professionally. I like the way that the staff suggest new equipment that might help me to be more independent. The office staff are always on the look-out for ideas that might help me to cope more." A relative told us how the service was supporting their loved one to overcome some of their challenges. They said, "[Relative] needs help walking and I like the way that [staff member] always asks if further help can be provided. [They] lets us know if there are new walking aids that may benefit my [relative]."

There was detailed information of what tasks staff needed to support people with at each care visit in order to meet their needs. For example, a lunchtime visit included information about whether the person needed support to prepare and eat their meal, and whether they took medicines.

People's care plans had been reviewed when they were being transferred from paper to electronic formats. We saw that each care plan stated what version it was and when it had been last updated. There was evidence that some people and their relatives had been involved in reviewing their care plans because they had signed to show that this had been discussed with them. As part of the provider's quality monitoring processes, they always asked people if they were happy with their care plans and the support provided by staff and we saw that people who had been recently asked were happy with their care. Also, we saw that a care review had been undertaken following concerns being raised about a person's care and appropriate improvements had been made.

The staff we spoke with told us about the ways in which they were able to determine the nature of the support that people required prior to their visits. One member of staff said, "I generally know all of the people I'm visiting because we do tend to work with the same people. We get their care plans on the mobile app so we know if there's any changes or anything we need to be aware of. It also makes sure we actually read what's in the care plan so that everyone is following it the same way."

People and their relatives were also complimentary about the ways in which the service was responsive to their specific needs. One relative said, "The two carers that attend are always females and some speak the language (not English) as [person], which is very helpful to this family." Another relative told us, "The care plan has been changed several times as my relative's condition changes."

There was a complaints policy in place which detailed how complaints would be resolved and how people could make a complaint. All the people and relatives we spoke with told us they knew how to make a complaint and would be confident doing so. One relative told us that they had complained about staff using their phones as part of the new electronic system adopted by the service. However they were complimentary about the way in which this had been dealt with, saying; "They are now completely focussed on their work which is to support my relative." The service kept an audit of complaints received and how they had been resolved. We noted that the 10 complaints received in 2016 had been resolved to the satisfaction of the complainant. The service also kept a 'record of concerns' for complaints of a more minor nature.

Good

Is the service well-led?

Our findings

The registered manager was not present on the day of our inspection, however there was an experienced care manager in post who was knowledgeable and demonstrated a strong commitment to people using the service. The care manager was able to tell us about people using the service and the ways in which they were trying to improve people's lives. They were positive about the support they received from the registered manager.

The people and their relatives we spoke with told us they had confidence in the registered manager and the management team within the service. One person described the office staff as "courteous, approachable, sympathetic and very understanding." The staff we spoke with were also positive about the management and culture of the service. One member of staff said, "The managers are approachable and I can go to them with anything." Another member of staff told us, "There's really good management at Bluebird, better than other places I've worked. They listen to us and they've just told us we'll get a pay rise too which not everybody is willing to give to their staff."

The service was in the process of migrating most of their records over to an electronic system which was intended to eradicate the need for paper records. Because of this we found that some records were not always being maintained correctly; for example people logging in and out of visits to account for the time they had spent providing care. Some information was not always easy to collate; such as missed or late calls. The care manager told us that they would continue to use CM2000 to collect this information, which is a separate electronic system used to account for call times and issuing reports.

The care manager acknowledged that there were still improvements that needed to be made to the system to better account for this information. However they were also positive about the benefits and how it can improved the standards of governance and care delivery. The care manager said the advantages of the new system were that they could update care plans instantly and staff could have immediate access to up to date information. The system forced staff to read care plans at each visit as they needed to mark tasks as completed before they could be logged off. Staff received their visit schedules electronically and these could then be updated at short notice to reflect any changes to their allocated work. This enabled the service to be more responsive in monitoring how care was being delivered.

The staff we spoke with told us they felt valued and able to contribute to the overall development of the service. One member of staff said, "We have meetings every month usually. But you're never out on your own here, there's always support and we always feel like we're listened to. I have some ideas and views on the way things should be and I can honestly say they've taken it all on board." We looked at the minutes for team meetings for the previous six months and saw that discussions included travel times, safeguarding and medicines. A recent change to working practice had been discussed with staff and they were asked to give their views and opinions on the subject before it was agreed. This demonstrated a commitment to creating an open, positive culture.

There was a schedule of audits in place which included audits of care plans, recruitment files and MAR

charts. The information we saw showed that action was taken to ensure improvements were made when recording errors had been identified. For example, we saw that group texts were sent out to remind staff to use black ink and the importance of working to correct documentation. The service showed a strong commitment to making improvements to enhance the quality of care people received. For example a contracts monitoring visit in early 2016 had rated the service as 'good' but highlighted some areas for development, such as the updating of policies. The service had made these improvements quickly and had received a score of 97% on their next validation visit, which rated the service 'excellent'.

There were satisfaction surveys sent out to people and staff just prior to our inspection, and a report had been developed to analyse the results. People were asked questions such as "have you received an information guide?" and "does your care worker carry out anything that's not in the care plan?" We saw that where people had raised concerns, the service had taken remedial action in response to these. For example one person raised concerns in relation to the use of moving equipment and a meeting was immediately held to discuss the matter and agree an outcome. However we noted that the majority of the feedback was positive, with comments including, "you all help me with all my [conditions] and I'm very satisfied with the care I receive."

We saw that a number of compliments had been received from people and their relatives who were grateful for the care they had been given. Comments included, "With all your support my life is so much easier. Thank you for your empathy, physical care and friendly interactions."