

Acuura Limited

Bluebird Care (Greenwich)

Inspection report

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07 November 2016

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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

This announced inspection took place on 03 and 07 November 2016. This was the provider's first inspection since their registration in January 2016. Bluebird Care Greenwich is a domiciliary care service providing personal care to people living in their homes. At the time of the inspection 35 people were using the service.

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 and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory recruitment checks on staff before they started working. The service had an on call system to make sure staff had support outside the office working hours. Staff supported people so they took their medicine safely. The service provided an induction and training, and supported staff through regular supervision and annual appraisal to help them undertake their role.

People's consent was sought before care was provided. The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA). At the time of inspection they told us they were not supporting any people who did not have the capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

Staff supported people in a way which was caring, respectful, and protected their privacy and dignity. Staff developed people's care plans that were tailored to meet their individual needs. Care plans were reviewed

regularly and were up to date.

The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary. The service sought the views of people who used the services. Staff felt supported by the registered manager and the provider. The service had an effective system to assess and monitor the quality of the care people received.

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.

People and their relatives told us they felt safe and that staff treated them well. The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

Staff supported people so they took their medicine safely.

Is the service effective?

Good 

The service was effective.

People and their relatives commented positively about staff and told us they supported them properly.

The service provided an induction and training for staff. Staff were supported through regular supervision and yearly appraisal to help them undertake their role.

The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people to eat and drink enough to meet their needs. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. They kept staff updated about any changes to people's needs.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

Bluebird Care (Greenwich)

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had sent us a completed 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 also contacted social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 03 and 07 November 2016 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and an expert by experience. The expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at nine people's care records and nine staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with nine people who used the service and nine relatives about their experience of using the service. We also spoke with the director, the registered manager and seven members of staff.



Our findings

People and their relatives gave us positive feedback about safety and told us that staff treated them well. One person told us, "I feel extremely good, very safe, and the agency is very professional." Another person said, "I am very safe indeed." A third person said, "I am fine, no trouble whatsoever." A relative told us, "One care worker actually gave us some jewellery they found on the floor, so honest. I am so happy that I don't have to worry about valuables in the house, the care workers are brilliant." Another relative said, "We went on holiday, my relative had night care as well, brilliant no problems at all, my relative felt totally safe, great assurance for us."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and all staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. All staff told us they completed safeguarding training, the training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff told us, "I would report any concerns to my registered manager and if they do not listen, I go to the Director or if necessary report to social services and CQC."

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The registered manager implemented performance improvement plans for staff to make sure they used any incidents as an opportunity for learning. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these.

At the time of this inspection there was one safeguarding concern being investigated by the police, local authority and the agency. We cannot report on the outcome of this investigation. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

Staff completed a risk assessment for every person when they started using the service. Risk assessments covered areas including falls, moving and handling, nutrition and hydration. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when using bathing equipment, a risk management plan was put in place which identified the use of equipment and the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed on a six monthly basis, or more frequently if people's

needs changed. Care records we saw confirmed this. We reviewed nine people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records. These included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. A senior member of staff reviewed each incident and the registered manager monitored them. The provider showed us examples of changes they made after incidents. For example, when a person experienced difficulties standing at the sink or in the shower, occupational therapy assessment was completed and mobility equipment was arranged. For another person, when staff found them lying on the floor at the time of their arrival, immediately they called paramedics and took them to hospital and informed the family.

The service had enough staff to support people safely. The registered manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "They [staff] always tell me if they are going to be late, they are very rarely late." Another person said, "They have been late once or twice, they always let me know, it's traffic." The provider had ensured that they monitored people's calls to check they were attended on time through an electronic call monitoring system, and records showed they regularly contacted people to check on this. Staff we spoke with told us they had enough time to meet people's needs. The service had an on call system to make sure staff had support outside the office working hours. Staff confirmed this was available to them at all times.

The provider carried out satisfactory background checks of all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Staff supported people so they took their medicines safely. One relative told us that there were no issues at all with the administration of medicine. The service trained and assessed the competency of staff authorised to administer medicines. The Medicines Administration Records (MAR) were up to date and the medicine administered was clearly recorded. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. The registered manager conducted monthly reviews of management of medicines and shared any learning outcomes with staff to ensure people received their medicine safely. Following this inspection, the provider told us that they had successfully introduced an online electronic monitoring system which would enable the senior staff to monitor medicine management in real time.



Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "They [staff] are brilliant, so careful, would have no one else but my carer to help- me." Another person said, "They [staff] are certainly trained." One relative told us, "Excellent care, my relative needs to use a hoist; I can tell straight away the staff are trained. The staff themselves whilst doing the risk assessment realised the movement in my relative was a problem, they arranged the equipment and they took real care." Another relative said, "We are lucky my relative is getting good care from care workers who are very experienced."

The service trained staff to support people appropriately. Staff told us they completed comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes to moving and handling, administration of medicine, and the Mental Capacity Act 2005 which included training on the Deprivation of Liberty Safeguards. Staff training records showed staff updated their training annually. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through monthly supervision and an annual appraisal. Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they worked as a team and were able to approach their line manager and the registered manager at any time for support.

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

The service had systems to assess and record whether people had the capacity to consent to care. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of inspection the registered manager told us they were not providing care or support to any people who did not have capacity to make decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "They [staff] provide me with what I want." Another person said, "They [staff] always ask me and put it in the microwave for me, no issues at all."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or a hospital appointment.



Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "Yes, indeed a very caring service." Another person said, "They [staff] are very kind indeed." A third person said, "The care worker changes my clothes, does my hair and nails, and looks after my skin, it's wonderful." One relative told us, "The service is fantastic, I can highly recommend the carers, and they are so nice and caring."

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. People's care records we saw confirmed this.

Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I respect the person's preferences, I always ask how they prefer to be washed, give them choice of food and drinks." Another member of staff said, "I talk to people when giving personal care to them and it takes away all the embarrassment."

People were supported to be as independent in their care as possible. One person told us, "Yes, they [staff] are really good, help me and they also let me be independent to do things for myself as well." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing their own faces, and their upper body." Another staff member said, "I encourage him [person who uses the service] to shave and the places he cannot reach I shave him." Care records we saw confirmed this.

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good working relationships with people they cared for. One person told us, "They [staff] are very respectful at all times." Another person said, "Carers are very polite, they look after me all the time, and always giving me the respect and dignity." One relative said, "My [loved ones] and I have developed a good relationship with the carers." Staff kept people's information confidential. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. One relative told us, "The service makes everyone inclusive, acknowledge people's faith and culture, they [staff] are very engaging, sensible and sensitive." Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. One staff member told us, "I take a person to church every Sunday on their wheelchair; they love to go to church." Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Records we looked at confirmed this.



Our findings

Staff carried out a pre-admission assessment for people to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with their line manager to ensure any changing needs were identified and met. The senior staff updated care plans when people's needs changed and included clear guidance for staff. For example, about use of hoists, accessing the local community, and meeting nutritional needs for specific health conditions. We reviewed nine care plans and found they all were up to date. Staff completed daily care records to show what support and care they provided to people. One member of staff told us, "I make sure that people's needs are met according to their care plan." Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "The situation for a complaint has never occurred." Another person said, "I don't need the complaint procedure, I am happy and there is no reason to complain." One relative told us, "Really impressed, when we have a concern they [the service] immediately respond." Another relative said, "Yes, yes, we are fully aware of the complaint procedure, no need to use it, my [loved one] is really happy."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised senior staff had investigated and responded in a timely manner to the complainant and where necessary the registered manager held meetings with the complainant to resolve the concerns. These were about general care issues. For example, staff member was running late, people preferred a particular member of staff. The registered manager told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.



Our findings

People and their relatives commented positively about the management of the service. One person told us, "Management are very good indeed." Another person said, "Any issues, text them, the management listens." One relative told us, "The management is very good, responsive, supportive, they recognise we need flexibility, they flex their time around my relative, I can fully recommend this agency." Another relative said, "The management is very effective, they always asking us for our feedback, and about any improvements." A third relative said, "The management is very open, very business-like, efficient, someone is always there, fantastic safety net for families who need a carer."

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service. We saw the registered manager interacted with staff in a positive and supportive manner.

Staff described the leadership at the service positively. One member of staff told us, "The registered manager is very good, she listens, and for instance when I informed them that a person was not well, she immediately contacted their family and healthcare professionals." Another member of staff said, "The registered manager supported me to do National Vocational Qualification level 3 and she is very helpful."

The registered manager told us the service used staff induction and training to explain their values to staff. For example, the service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed staff were comfortable approaching the registered manager and their line manager and their conversations were friendly and open.

People who used the service completed satisfaction surveys. The areas covered in these surveys included quality of the care provided in line with the care plan, staff arrival and departure time, and the quality of staff interactions with people and their relatives. The provider analysed the findings which showed that all of the people that completed the survey felt the care was delivered professionally. As a result of the survey feedback, the registered manager had developed an action plan and made improvements to the service. For example, the service had introduced an electronic call monitoring system to track staff arrival and departure times, so that people were informed in a timely manner if there were any changes to care staff, and if they were going to be late.

The service had an effective system and process to assess and monitor the quality of the care people received. For example, the provider had launched a pilot scheme in consultation with people, a bespoke electronic 'in real – time' monitoring tool which enabled senior staff to monitor if a care worker had delivered care in line with the care plan, including the administration of medicines and when they arrived and left people's homes. Following the inspection, the provider confirmed with us that the quality assurance monitoring pilot project was successfully completed and the bespoke electronic 'in real – time' monitoring system had gone live.

The service also carried out spot checks and reviews covering areas such as the administration of medicine, health and safety, care plans and risk assessments. As a result of these interventions the service had made improvements, which included updating care plans to reflect peoples change of needs, staff meetings were held to share learning and additional training was given to staff.