

Most Stars Limited

# Bluebird Care (Hounslow)

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection carried out on 9 July 2014 and the provider was given 48 hours notice of the inspection. The previous inspection was carried out on 28 November 2013 and the service was meeting the regulations we checked at that time.

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

# Summary of findings

routines, including personal care, meal preparation, shopping, housework and supporting people out into the community. At the time of inspection there were 21 people receiving personal care.

Bluebird Care (Hounslow) is a franchise that operates under a licence from Bluebird Care Franchises Ltd. The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives expressed their satisfaction with the care and support provided by the service and said they felt safe.

Staff were aware of people's needs and how these were to be met, including reacting appropriately to any changes in a person's condition so this could be addressed promptly. Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report any concerns.

Staff recruitment procedures were in place and being followed, so people received care from suitable staff. Systems were in place to manage emergencies and to provide continuity of care to people.

People using the service, relatives and care workers felt the management of the service was good and the manager was approachable and supportive. Systems were in place to monitor the quality of the service and to encourage people to express any concerns, so these could be addressed.

Most of the documentation had been completed and kept up to date; however we found some information had not been fully recorded, which could place people at risk of not receiving appropriate care.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# 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 and relatives we spoke with were happy with the service provided and felt the care workers kept them safe. The provider had adequate arrangements to safeguard people against the risk of abuse.

Risk assessments were in place for any identified areas of risk and records were reviewed periodically and when a person's condition changed, to keep the information up to date. Systems were in place to deal with foreseeable emergencies so people could continue to receive care and support according to their needs.

Staff recruitment procedures were being followed and the service ensured there were enough staff to meet people's needs. Staff understood people's rights to make choices about their care and demonstrated knowledge of the Mental Capacity Act 2005.

Good



### Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively. People were happy with the care they received and staff understood their needs and knew how to meet them.

If people required support with eating and drinking this was identified in care records and provided by staff, so their needs could be met.

Staff understood people's healthcare needs and provided the support and assistance they needed.

Good



### Is the service caring?

The service was caring. All people we spoke with said their individual needs were met and they were treated with dignity and respect. Staff were not rushed and had enough time to care and support people appropriately.

People were involved with their care plans so they had input into them and their needs and wishes were identified.

Staff understood the individual care and support people needed and promoted their independence.

Good



### Is the service responsive?

The service was not always responsive to people's needs. Written assessments were not completed for people's needs. Care plans for people's identified needs were in place so staff had the information they needed to care for people, however information was not always complete, so aspects of care could be missed.

Requires Improvement



# Summary of findings

People confirmed the service was able to adapt quickly to meet their changing needs, for example, changing the time of a visit. Staff were aware how to respond to any change in a person's condition, so additional help and support could be sought without delay.

People felt confident to complain or to raise any concerns and knew these would be addressed.

## Is the service well-led?

The service was well-led. The service had a registered manager and staff and people expressed satisfaction with the way the service was being managed. Regular feedback from staff was encouraged so any queries, whether relating to people using the service or other issues, could be promptly addressed.

Systems were in place to monitor the quality of the service so areas for improvement could be identified and action taken to address them.

Regular meetings were held with staff so issues could be discussed and information was also shared with staff through a monthly newsletter, to keep them all up to date with any changes within the service and promote good communication.

Good



# Bluebird Care (Hounslow)

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection was carried out by an inspector and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. Following the inspection the provider sent us additional information we requested during our visit.

As part of the inspection we visited the location and viewed records. We also spoke with five people using the service, four relatives of people using the service, the provider, the registered manager, two administrators, five care workers and one healthcare professional. We looked at three staff records, three paper care records and additional care records information held electronically for two people using the service.

# Is the service safe?

## Our findings

All the people using the service we spoke with confirmed they felt safe with their care workers and their rights and dignity were respected. Relatives confirmed this and one summed it up by saying “They are very reliable, very caring and do exactly what it says on the tin.” Staff demonstrated an understanding of people’s needs and the importance of providing the care and support people needed to keep them safe.

People using the service and relatives said that the care workers wore an identity badge and a uniform. Staff we spoke with were in uniform and displayed their identity badges and were clear to take their identity badge whenever they were visiting people, so people knew who they were and they came from the service.

We saw detailed risk assessments had been completed for people when they started using the service. These included risks in the environment and moving and handling assessments. Risk assessments were reviewed every six months and the manager said if people’s needs changed they would be reassessed more frequently to reflect any changes. Three relatives and one person using the service said a risk assessment had been carried out prior to the service commencing and one commented that it was very comprehensive.

We asked people and their relatives how often risk assessments were updated. One relative said they were updated and another knew the risk assessment was in the care folder and had been updated. One person said risk assessments were reviewed every three months. Everyone mentioned a supervisor visited occasionally checking the paperwork but they did not always know why. We fed this back to the provider who was receptive and said the reviews would be fully explained to people so they were clear about the purpose.

Where equipment was in use to assist with people’s moving and handling needs, this was recorded in the care records. The care records did not always identify that two staff were to be present when moving and handling equipment such as hoists were being used. However, staff we spoke with told us they had received training to use the hoists and two staff were always present when they were used so the person was transferred safely. The manager said the assessments would be updated to reflect the number of

staff required for moving and handling support and assistance, so the information reflected safe practices. There was a section in the care records for equipment safety check due dates, however those we viewed for two people with equipment in use had not been completed and the manager said this would be addressed.

We looked at the staff records for three care workers and noted that recruitment checks had been appropriately carried out prior to applicants being offered a job. Application forms and health questionnaires had been completed. The checks included criminal record checks, references and proof of identity. Staff confirmed the employment checks had been carried out before they started working with people. There were enough staff employed by the service to meet people’s needs.

Staff training records included safeguarding training and staff confirmed they had received this. Staff were able to recognise possible signs of abuse. They were clear how to identify and report any suspicions of abuse to the manager and if necessary take action to keep the person safe. For example by alerting the police. Staff also understood whistleblowing procedures and knew they could contact the local authority if they had safeguarding concerns.

Policies and procedures were in place for safeguarding and whistleblowing and staff were encouraged to report any concerns without delay. A policy was in place and staff had received training in the Mental Capacity Act 2005 and understood the need to act in a person’s best interests. They said they respected people’s rights to make choices for themselves for as long as they were able to do so, for example, what to wear and what to eat.

Staff were able to describe the action they would take in an emergency situation, for example, if they found a person unconscious. They said they would ensure the person was safe and contact the emergency services and the office so people were aware of the situation and appropriate assistance could be provided. Staff confirmed they were allocated to people in a similar geographical area, so they had short distances only to travel between visits.

The service had a business continuity plan and this included how people’s care would be prioritised in the event of an emergency, for example travel disruption or severe weather conditions. This was so people’s safety could be considered in the event of such an emergency and to prioritise visits for the most vulnerable people such as those living on their own with complex needs.

# Is the service effective?

## Our findings

All the people and relatives we spoke with felt their or their relative's needs were being met by staff who knew what they were doing. One person said, "Bluebird Care is extremely good at the moment. I am very pleased. I couldn't fault them."

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. The healthcare professional said they had seen new staff working alongside experienced staff to learn the people's individual care needs and how to meet them. Training and supervision records showed new staff received supervision each week to monitor their progress. We viewed training records and saw staff had undertaken training in topics including first aid, food safety, moving and handling, medicines management, infection control, report writing, customer care and control of substances hazardous to health. The manager said the computer system identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

If people required help and support with meals, this was recorded in their care plan and staff would prepare meals

and drinks for them. One care worker said it was important to prepare food people liked and to present it well, so the person would want to eat it. Only one person we asked told us they needed help with food preparation and said they had a sandwich prepared for them by their care worker. They said they were quite satisfied by the attention paid to them. The manager said if people were identified at risk of malnutrition or dehydration they had food and fluid charts that could be used to monitor their intake, examples of which we viewed. Staff we asked knew about these documents and said they would ensure they were completed for people at risk and would report any concerns to the office so action could be taken to address them.

Care records viewed included information about people's medical diagnoses, so staff were aware of these and would take them into consideration when providing care. Care workers said they read the care records and noted any changes in a person's condition. They told us if someone's condition changed and they required input from a healthcare professional the care worker would telephone the manager or other member of the office staff who would contact the person's next of kin, GP or district nurse so action could be taken to review the person. We spoke with a healthcare professional who said the staff took on board any changes required to a person's care. They said they had observed a marked improvement in one person's overall condition, much of which they felt was due to the effective care and support provided by the staff.

# Is the service caring?

## Our findings

People told us their care met their individual needs. They told us staff had enough time to care for and support them, to carry out other duties according to their care plans and to treat them well. Two people said that they realised that the carer's time with them was restricted but they still received the care they were entitled to. One person said, "They look after me very well." The relative of one service user said, "They are reliable, always on time and they make my [relative] laugh." The healthcare professional told us, "If I had someone myself who needed care, I would not hesitate to go to Bluebird Care."

People and relatives said they could chat with the care workers, however one relative said there was a language difficulty with a couple of them. When we asked the manager about this they said they matched staff to people and assessed staff's communication skills at their interview, to try and ensure they could communicate with people effectively, and would continue to work with staff on this. At the time of inspection none of the people receiving personal care required a specific match with a care worker for religious or cultural reasons. The manager said if this was required then they would endeavour to provide a suitable care worker to meet the person's cultural and/or religious needs.

Care records identified people's needs and we saw people and/or their representatives had been involved in the care plan. This ensured that wishes about their care and support were known and recorded. Staff we asked identified communicating with people as an important part of their work, so they could understand how people

wanted to be cared for and respect this. The healthcare professional commented that staff read and understood the care records, which provided them with the information they needed about each individual and which they followed. We viewed the daily records for two people and these were clear and recorded the care and support given at each visit. Staff had completed report writing training and were aware of the importance of accurate record keeping. One care worker told us, "If it is not written down, it did not happen" which demonstrated learning from their training to maintain accurate records.

The manager showed us a copy of a letter sent out to people using the service in advance of Christmas 2013, so they could state when they would like staff to visit over the holiday period. The manager said the work had been planned to fit in with what people wanted each day, so they could have the care they needed but not be constrained by it if they wanted to go away for a period of time. This was an example of how the service worked together with people and their relatives in planning care.

Staff received training in customer care as part of their induction training. They told us about the importance of caring for people and having respect for their different cultures and lifestyles. We asked care workers what was important to them when providing people with care and support. One of them said, "To give the best care I can and make sure they are safe" and another said "It is like looking after a member of your own family." All staff we spoke with knew the importance of respecting people's privacy and dignity and allowing people to make choices about their care and support, promoting their independence.



# Is the service responsive?

## Our findings

Whilst all people had a care plan in place, we found that they did not have a recorded assessment of their needs. The manager said staff carried out a needs' assessment of all people to draw up the care plan but did not record this. They told us Bluebird Care Franchises Ltd did not provide such a document and wanted staff carrying out the assessments to learn about the needs of the people and then complete the care plan records for staff to follow. Staff we spoke with told us they were familiar with the needs of the people they supported regularly. However, we saw that information such as people's preferences, wishes, religion and interests were not always recorded. Therefore on the occasions when a person's regular care workers might not be able to visit them, the replacement care workers would not be able to find the necessary information to care for and support the person. This also meant that people or their relatives did not have access to the needs assessment carried out by staff to verify the information. The provider informed Bluebird Care Franchises Ltd regarding the lack of an assessment document at the time of inspection, and received information that a format to record the assessment of people's needs would be used in the future to record people's assessed needs.

Most care plans included information about the support people needed at each visit with personal care, medicines management, nutrition and hydration and housekeeping tasks. Staff told us they read the care plans so they knew the care and support people required. We found that one person's care plan was not detailed enough to identify the action staff needed to take to meet their needs' during each visit. We noted that they required four visits a day and the care plan only listed the care to be provided at the morning visit. There was no information about the care and support the person needed and how they wanted to be supported on the other three visits. There were therefore risks that new staff might not be able to support a person if their plan of care was not detailed enough to address how all their needs should be met.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The 'customer guide' given to people prior to using the service was comprehensive and explained that people's care needs were reviewed every six months or if there was a change in their needs. Staff understood the importance of responding to changes in people's needs, so people could be confident that any changes would be recognised and the care given to them adapted accordingly. One person said their timetable no longer suited them for medical reasons and they told us the service had responded promptly to this and changed the time of their morning visit the next day. One relative said the care worker often sat in the garden with the person using the service and showed them photos of their family and friends, which the person enjoyed.

Information provided by the provider prior to the inspection indicated they had not had any occasions when a call to people had been missed. When we asked about this the manager explained all the office staff had experience as care workers and if a member of staff was not available at short notice then the visit had been covered by other care workers or by the office staff, including the manager, so people received their care. The service used a telephone logging in system for staff to log the beginning and the end of their visits to people. The manager explained if someone had not logged in within 15 minutes of the scheduled start time then this was automatically flagged up so office staff could investigate and take any action needed to ensure the person received the care and support they required.

People and their relatives expressed satisfaction with the service and said they would be confident to raise any concerns they might have so they could be addressed. We asked staff what action they would take if someone wished to raise a complaint and they all said they would refer the person to the office so the manager could listen to the concerns and address them. The 'customer guide' also contained information about raising concerns. The manager told us when people started using the service they were encouraged to raise any issues promptly so they could be addressed.

# Is the service well-led?

## Our findings

One person using the service said, “The management are very helpful, very efficient, they are very good.” We saw several compliments and evidence that the manager was in regular contact with local authority care managers and people and their relatives, to promptly answer any queries that were raised. The manager had several years of experience in care and had a management qualification. She was able to demonstrate a good knowledge of her role and responsibilities. The manager was also familiar with the needs of people using the service and the staff competencies required to meet people’s needs effectively.

Most people were happy with the information they received from the service. One person said they did not always receive the rota to know who would provide the care for the following week. We fed this back to the provider after the inspection, who explained the rotas were sent out on a Thursday or Friday for the following week to all those who wanted a paper copy. The provider told us some people did not require a paper rota as they had the same care worker and were happy with a telephone call to confirm their rota. The provider said the rota could also be sent via email if someone wished. The provider said the office staff would follow this up to ensure everyone received their rotas in a format to meet their needs and wishes.

The staff handbook was comprehensive and laid out the expectations of each employee so that people received a high standard of care. The staff we spoke with said the manager was supportive and approachable and they said they received the training and support they needed to provide people with a good standard of individualised care. Staff said they would speak with the manager about any concerns in respect of the people they provided care and support to, to ensure these could be addressed promptly. Spot checks were carried out on staff in people’s homes, to monitor their practice and to check the way they were meeting people’s assessed needs. One care worker confirmed these checks were unannounced and felt they were carried out thoroughly by the care co-ordinator so their care practice was fully assessed.

Regular meetings took place with staff, including monthly care worker meetings. We viewed the minutes of the June 2014 meeting and topics covered included staff training, staff conduct and behaviours, staff dress code and use of protective equipment for infection control. The manager said she also met each Monday with the office based staff to discuss any administration or other relevant issues that arose. A monthly newsletter was produced by the manager, covering a variety of topics such as staff holidays, call monitoring, training and staff conduct. We saw the most recent newsletter and this highlighted the need for staff to complete the computer based training. The manager said the computer systems flagged up any updates or renewals required, for example, training and updates, renewals due for staff cars, including tax and insurance and business renewals including business insurance. Each area could then be addressed to ensure information was up to date and safe working practices were being followed.

The service used the Bluebird Care Franchises Ltd quality assurance system, which included a range of audits. In addition to in-house audits such as accident/incident, complaints, risk assessments and care plans, an annual audit by representatives from the franchise was carried out. The manager informed us that the annual audit had recently been carried out and she was awaiting the results of this and said an action plan would be put in place if any shortfalls were identified. We viewed samples of the accident/incident recording and this was thorough and there was evidence of reviews to analyse what had occurred and ensure appropriate action had been taken to minimise the risk of recurrence. Policies and procedures were provided by Bluebird Care Franchises Ltd and the provider said they received updates whenever any policies had been updated to reflect changes in legislation or good practice in the provision of domiciliary care services. We viewed a selection of documents and these were clear and easy to follow.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations  
2010 Care and welfare of people who use services

People were at risk of not receiving safe and appropriate care and treatment because the planning of care and treatment did not always ensure the welfare and safety of people.