

MH&M Ltd

Bluebird Care (Lambeth)

Inspection report

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Date of inspection visit:
13 April 2016

Date of publication:
20 May 2016

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 13 April 2016. Bluebird Care (Lambeth) provides personal care to 70 people in their own homes in the London borough of Lambeth. At our previous inspection on 16 July 2014 the service met all the regulations we checked.

The service has 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.

Staff assessed people's needs and identified any related risks to their health and safety. The registered manager developed support plans for staff to manage the risks safely.

People received the support they required in line with the legal requirements of the Mental Capacity Act 2005 (MCA). The service ensured people who lacked decision making capacity received the support they required to understand and make decisions relating to their care. Staff asked and received people's consent before they provided their care.

Staff told us they were supported by the registered manager who they also said was approachable and friendly. Staff received training to develop their knowledge and skills to effectively meet people's needs. The registered manager ensured staff received regular supervisions and appraisals on their practice and performance and agreed on learning and development plans. Staff used feedback to improve their practice and took up training to address any gaps in their knowledge.

Staff were polite to people and treated them with respect. People and their relatives were involved in planning and making decisions about their care and support. People received care and support which took into account their choices and preferences. Staff supported people to pursue their hobbies and interests.

People received the support they required to access healthcare services. Staff supported people to eat and drink as required and followed professional guidance regarding their nutritional needs were appropriate. People told us they were happy with the support they received with their eating and drinking.

The registered manager sought people's and their relative's views about the service through surveys and meetings and used their feedback to improve and develop the service. People and their relatives had positive feedback on the service and were happy on how support and care was provided. People and their relatives said the registered manager valued their contributions and listened to them.

The registered manager resolved people's complaints to their satisfaction. Complaints were investigated and resolved in a timely manner and in line with the provider's complaints procedure.

The registered manager reviewed the quality of the service they provided to people and took action to address any areas that required improvement. The registered manager audited care plans and risk assessments to ensure staff provided a high standard of care to people. The registered manager conducted checks on staff competency to administer people's medicines and practice and ensured staff attended relevant training and received appropriate guidance when necessary.

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 assessed and regularly reviewed risks to people and had guidance in place to safely manage the risks. Staff understood the types of abuse and what action to take to protect people from harm.

Staff supported people to receive their medicines safely as prescribed. The service had sufficient staff to meet people's needs and ensure their safety and well-being.

Is the service effective?

Good ●

The service was effective. Staff attended training which equipped them with the skills and knowledge to meet people's needs. Staff received regular supervision and support and had their practice observed.

Staff understood the principles of Mental Capacity Act 2005 (MCA) and put these into practice when supporting people. People consented to the care they received and staff respected their choices.

People received the support they required to eat and drink. Staff understood when people's health needs changed. Staff worked with healthcare professionals to ensure people received the support they required.

Is the service caring?

Good ●

The service was caring. People and their relatives told us staff were kind and compassionate. People found staff approachable and enjoyed good working relationships with them.

Staff knew people and supported them in line with their preferences. Staff involved people in making decisions about their care and were respectful of their wishes. Staff upheld people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive. The service assessed people's needs

in relation to their health and daily living skills. Staff had support plans to meet people's individual needs. People and their relatives were involved in planning their support.

The service regularly asked people for their views on the support they received through satisfaction surveys, telephone interviews and meetings with staff and acted on them. The complaint's procedure was used effectively to record and resolve people's concerns.

Is the service well-led?

Good ●

The service was well led. People, their relatives and staff found the registered manager approachable. Staff told us the registered manager supported them in their role and there was good team work. The service had clearly defined management structures which ensured staff met people's needs effectively.

Staff felt confident to speak to the registered manager if they had any suggestions about how to improve the service. People and their relatives told us the registered manager welcomed their ideas to improve the service.

The registered manager monitored the quality of service. The service carried out regular audits to review the support people received. The service undertook improvements when necessary to ensure a high standard of care for people.

Bluebird Care (Lambeth)

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 was 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 announced inspection took place on 13 April 2016 and was carried out by an inspector. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

Prior to the inspection, we reviewed the Provider Information Record (PIR). The PIR 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 reviewed the information we held about the service including any statutory notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection.

During the inspection, we spoke with two care staff supervisors, three members of care staff, a care coordinator and the registered manager. After the inspection, we spoke with four people, three relatives, a district nurse and a social worker.

We reviewed five people's care records and their medicine administration records. We looked at five staff records, staff training plans and duty rotas. We looked at monitoring reports relating to the management of the service including records of complaints and safeguarding incidents.

Is the service safe?

Our findings

People told us they felt safe receiving support from the service. They said staff knew how to support them. One person told us, "Staff take good care of me. They keep me safe". Another person said, "The staff support me as they are meant to". A relative said, "I trust the staff to look after [person's name] well. I have no concerns at all". A healthcare professional told us, "Staff understand the risks to people's health and do recognise any concerns about a decline in their health".

Staff supported people safely as they understood the risks to their health and well-being. The registered manager carried out risk assessments on people and developed support plans for staff to follow and to ensure their safety. Staff had clear guidelines on how to manage and minimise known risks. A member of staff told us, "We have enough information on risks to people and how to support them safely. We discuss with the manager if we identify any further risks and receive advice on how to keep people safe". A relative told us, "Staff know the risks presented by [person's name] with their meal preparation. They know how to keep [him/her] safe". People's risk assessments were detailed and had sufficient information about their safety. Risk assessments looked at various areas of people's lives such as their home environment, going into the community, swallowing and choking. Records showed staff recognised and identified risks to people and understood how to support them safely. The registered manager ensured staff regularly reviewed people's risk assessments and included any changes to their safety and any additional support they required.

Staff understood how to protect people from the risk of abuse. Staff we spoke with were aware of the safeguarding procedures and knew how to report any concerns to ensure people's safety. Records showed staff discussed concerns about people's safety with the registered manager and their social workers. The registered manager understood and followed safeguarding procedures and contacted the local safeguarding team to ensure appropriate action was taken to protect people from harm. A healthcare professional told us the service worked effectively in partnership with them to ensure they protected people's safety. Staff were aware of the provider's whistleblowing procedure and explained they could whistle-blow to alert authorities of abuse cases.

The registered manager monitored incidents at the service and ensured staff learnt from events to reduce the risk of harm to people. Staff kept a record of incidents and accidents in line with the provider's policy. Staff told us the registered manager encouraged them to report all incidents. Staff recorded the action taken immediately after an incident and how to prevent a recurrence.

People received the support they required with their medicines. The registered manager assessed people's needs in regards to their medicine management and ensured staff had guidance on how to support them. Care plans showed the support people required with their medicines such as verbal prompting, encouragement and administering. Medicines risk assessments in place showed what support people required with their medicines and how staff met that need. For example, staff managed medicines for those people assessed as unable to do so safely. Staff ensured people's medicines were safely stored. Staff supported people with the collection of their medicines from the pharmacy. Records showed staff made

weekly checks of people's medicines to ensure they had sufficient stocks when they required them in line with their prescriptions.

People received their medicines safely as prescribed. Staff followed the service's medicines management procedure when administering people's medicines to ensure they did this in a safe manner. People knew the medicines prescribed to them and why they required these. One person told us, "I would fall ill without my medicines". Another person told us, "These medicines help me maintain my health". Staff knew how to recognise any effects on people's health caused by the medicines they were taking and the action to take if their health declined as a result.

The registered manager ensured there were sufficient staff to meet people's needs safely. People and their relatives told us staff visited them consistently as planned and ensured they supported them as required. One person told us, "The staff are punctual and always turn up to help with my care". Another person said, "I have regular carers who have never let me down". The service ensured people knew of any delays experienced by members of staff and reassured them until staff arrived to support them. The registered manager informed people of any staff changes in relation to their regular support. A relative told us, "The manager will call and let us know if the regular carer is unavailable".

The registered manager protected people from the risk of receiving support from unsuitable staff. The provider used safe recruitment procedures which included getting references, full employment history, identity and criminal checks. Staff had only started to work in the service when all relevant checks were returned.

Is the service effective?

Our findings

People and their relatives told us staff were "helpful and knowledgeable". One person told us, "Staff do their work well". Another person said, "Staff are wonderful, very good at their job". One relative told us, "I couldn't ask for more. Staff know what they do". A healthcare professional told us, "Staff are efficient in meeting people's needs and with their record keeping".

Staff knew people well and understood their needs. For example, a relative told us, "Staff are aware of the little things that makes [relative] comfortable and know what they are doing". Another relative told us, "[Person] is comfortable and well looked after".

People were supported by staff with appropriate skills and knowledge. One person told us, "Staff do their work well and do things the way they should". A district nurse told us, "Staff are able to recognise signs when a person's needs change. They know when to involve us and do that in a timely manner".

People received their care from well supported and trained staff. Staff had regular one to one supervisions with their managers. Staff told us they used the supervision sessions to reflect on their practice and developed their knowledge about how to meet people's needs effectively. Records showed the registered manager discussed with staff areas they required additional support and training and development in their role. One member of staff told us, "Supervision sessions provide us with the opportunity to reflect on how we support people and any improvements we can make to how we do things". Another member of staff told us, "The manager listens to what we have to say in supervisions. It's important as it helps us to support people better". The registered manager took action to ensure staff enhanced their skills to meet people's needs. Staff told us the registered manager was always available to give advice and this ensured they provided people with appropriate support.

Suitably qualified staff delivered people's support. Staff received an induction before they started to support people. We saw new staff received a detailed 12 week induction programme which included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, medicines and record keeping. New staff "shadowed" experienced colleagues and had on the job observation to ensure they had appropriate practical skills. We saw the registered manager checked on staff's performance during their probation and confirmed them in post when considered competent to support people.

Staff effectively met people's needs. Staff had attended training in safeguarding of vulnerable adults, fire safety and managing people's medicines. The registered manager ensured staff attended additional training depending on the needs of the people using the service including managing challenging behaviour and diabetes management. We saw staff attended reflective practice sessions to develop their skills to meet complex needs of people using the service. Staff told us they found the sessions useful as these prepared them on how to manage challenging situations and support people in a way that reduced their discomfort.

Staff understood and put into practice the requirements of the Mental Capacity Act 2005 (MCA) when they

supported people. All staff had received the MCA training and regular updates which ensured they had up to date knowledge on how to uphold people's right to make decision about their care. Staff used their knowledge of MCA to obtain people's consent about the care they delivered to them. One person told us, "Staff ask me about what to wear or whether I would like to attend my appointment". Staff demonstrated their knowledge about the MCA and gave examples of how a person's best interests were taken into account if a person lacked capacity to make a decision. For example, staff supported a person with dementia to make particular decisions through use of care plans, with their involvement.

People received appropriate support in a timely manner. The service operated an on call system to support staff when they were in the community. Staff told us they called the on call manager or their supervisors for guidance. Records showed staff understood how to handle emergencies and the action to take if people became suddenly unwell.

People and their relatives were involved in planning their care and support. They told us staff regularly met with them to discuss their care and records confirmed this. One member of staff told us, "We involve people in making decisions about their daily life and how they wish to be supported".

Staff supported people to manage their own dietary requirements and mealtimes in line with their support plans and professional guidance. Staff told us they served people's readymade meals when they wished and records confirmed this. Records showed staff had received and used guidance from healthcare professionals after they had shared concerns about a person's eating and swallowing with their family. Staff regularly monitored where required people's food and drink intake to ensure they had taken enough in a day and made further referrals if they had any concerns. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet their nutritional needs and preferences.

Staff supported people to receive the health care they needed to maintain their well-being and to keep as healthy as possible. One person told us, "Staff help me attend my appointments with the GP". Another person said, "Staff are available to take me to hospital appointments when I request". A relative told us staff, "Staff support [person's name] to attend meetings with their social worker". A member of staff told us, "We help people make appointments and support them to attend medical and care reviews". Records show staff monitored people's health and knew how to recognise signs and symptoms that a person's health maybe declining. For example, staff monitored a person's health and contacted the district nurses to ensure they received appropriate care.

Is the service caring?

Our findings

People told us staff supported them in a kind and caring manner. One person told us, "Staff are respectful and talk to me politely". Another person said, "Staff always listen. They are kind hearted". A relative told us, "Staff are wonderful in what they do. They are courteous and helpful".

People told us they had good relationships with staff. Staff told us they continued to build trusting relationship with people. One person told us, "Staff do the extra little things". Staff supported people to maintain personal relationships important to them. Staff used the information they had about people's life history, background, their cultural background and preferences to support them with their daily living.

Staff were respectful of people's privacy and dignity. People told us staff respected their personal space by knocking on their bedrooms and waited to be invited in. One person told us, "Staff come into my bedroom when I have called for them". People told us staff respected and treated them with dignity. One person told us, "Staff give me my space when needed" Another person told us, "Staff treat me fine". Staff told us they knew people's preferred names and called them as they wished.

Staff supported people and encouraged them to be as independent as possible. Staff told us they enabled people to do things for themselves as noted in their support plans. People were supported with their choices. For example, a person told us, "I choose my own clothes and can dress myself. I need staff to lay them out for me". Care records showed people were supported according to the support they needed in completing tasks.

The registered manager ensured staff understood people's communication needs. For example, where possible, the service ensured multi-lingual staff were available for people who did not have English as a first language. Staff knew people's preferences and supported them as they wished. For example, a person's records read, "I like to make my own cuppa". Another person told us, "Staff know what I like to spend my time doing and what help I need" Records showed staff had supported people as they wished.

Staff knew people they supported and understood their needs well. People using the service told us how well their individual needs were met. One person told us, "Staff know what I can do for myself. They will do their work and ask if there is anything else they can do". Another person told us, "Staff open my windows when they come in and remember to shut them before they leave". A relative told us, "Staff know when [person's name] is unwell. They will ring and tell me".

The service appropriately supported people and met their diverse needs. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender and ethnicity. We saw these needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

People told us staff involved them in activities of their day to day living and records confirmed this. One person told us, "Staff support me to wash and dress". People told us they did not feel rushed when staff

supported them. One person told us, "Staff are patient and friendly". Another person said, "Staff do listen and make an effort to understand what I need from them". A relative told us, "The carers show commitment to their work. They respond helpfully and are cheerful when they do their work". Another relative told us, "Staff take their time with [person's name]".

Staff were respectful of people's cultural and spiritual needs. People told us staff valued their differences and supported them appropriately and promoted their well-being. One person told us, "They respect my belief and practice". The provider had taken steps to meet people's cultural needs by ensuring there were staff available that was able to speak their first language and by supporting people to access local facilities that supported particular ethnic and cultural groups. For example, people in the service were of different backgrounds and held different religious beliefs. We saw staff had knowledge of equality and human rights. The registered manager was able to demonstrate how they build on this knowledge to promote good practice.

Staff knew and respected people's end of life wishes. Records showed staff had information on how people wanted to be supported. One relative told us, "Staff have had discussion with [Person's name] about their end of life care and their wishes are recorded". Healthcare professionals were involved when a person was identified as being at the end of their life to ensure appropriate arrangements were put in place to support the person die with dignity. People told us they were confident staff would respect their wishes.

People's information of their health and well-being was kept securely. Staff understood the need to respect people's confidentiality and shared relevant information healthcare professionals involved in their care.

Is the service responsive?

Our findings

Each person had a care plan tailored to meet their individual needs. The registered manager assessed people's needs and developed support plans. People and their relatives told us the service involved and agreed with them on how they wanted their support delivered. The service matched staff to people's needs and allocated a team of staff which allowed them to become familiar with the support they required and provide continuity of care when covering for absences.

People's needs were reviewed to ensure they received the support they required. The registered manager ensured staff carried out regular reviews with people. One person told us, "Staff will visit and ask how things are with my health and the support I get". Another person told us, "The staff do talk to me and we agree on changes to my care plan". A relative told us, "Staff call regularly and review [person's] health and their care. They make necessary changes to their support plan".

People received appropriate care as staff were aware of changes in their needs and the support they required. Staff monitored people's needs and ensured they updated their records if there were any changes. For example, staff had documented additional support a person required after a hospital discharge and they confirmed they understood how to support them to meet their needs. Staff had updated records of a person who required more support when preparing their meals. Staff told us they shared relevant information about changes in people's health through daily notes and their supervisors. We saw the registered manager discussed with staff at team meetings any changes and updated staff on how to meet effectively meet the person's identified needs.

Staff supported people to engage in activities of their choice at home and in the community and to pursue their interests. One person told us, "I enjoy going out. Staff help me prepare for my outings". Another person said, "I like my weekly shopping. It's a routine I keep and staff make it possible". We looked at the person's care record and it confirmed their interest and the support staff had to provide. A relative told us, "[Person's name] is happy. [He/she] continues to do things they like because the carers encourage [him/her] with [her/him] hobbies.

Staff were aware of people's communication needs and triggers of difficult behaviours. One member of staff told us, "We recognise situations when a person is getting distressed and know what to do to support them".

People and their relatives told us they were confident to raise a complaint and felt assured the registered manager would take the appropriate action to resolve the issue. The registered manager resolved people's complaints in line with the provider's procedure. People told us they had received information when they started to use the service about how to make a complaint. People and their relatives told us they were aware they could make a complaint if they were unhappy about any aspect of their care. One person told us, "The manager sorted out a complaint I raised about the service. The issue has never happened again". Another person said, "Staff do listen and make sure they resolve my problem or involve their manager". A relative told me, "The manager worked tirelessly to resolve my case. I was happy at the end". Records

showed the registered manager had sent a written response to a person who had made a complaint. The service had thoroughly investigated and resolved their complaint. The registered manager had ensured concerns were addressed promptly to improve people's experiences.

The registered manager regularly sought people's and their relative's feedback to continually improve the quality of the service and the standard of care and support to people. People and their relatives told us registered manager welcomed their contributions about the service. The service sent out customer questionnaires and sought people's views about the service. A survey of March 2016 showed many people were satisfied with the standard of care and support they had received and a high rate of compliments made by people and their relatives who sent cards and emails to the registered manager.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service and the registered manager. They said the service was people focused and were happy with the care and support they received. One person told us, "The service is well managed". Another person told us, "It has progressively gotten better over the years. It is fairly easier now to communicate with office staff". A relative told us, "The manager regularly checks if everything is ok. The office will get things sorted out for you in no time".

There was a registered manager in post at the time of inspection. The provider had submitted the relevant statutory notifications to CQC as required.

Staff told us they felt well supported in their role by registered manager and the management team. One member of staff told us, "I feel motivated to do my work and to support people as best as I can". Staff told us they enjoyed good team work and there was good communication amongst care staff and the office based staff. Records showed the registered manager held drop in coffee sessions at the office which gave staff an opportunity to meet informally and share any concerns and good practice. The registered manager held regular staff meetings and records showed their contributions to improve the service were valued and acted on.

Staff told us the registered manager was approachable and were confident the service would take action to improve and develop the service. Staff told us the registered manager valued their work and listened to them. One member of staff told us, "One can call on the manager anytime for advice and discuss any concerns".

The service regularly monitored the quality of service provided to people and ensured staff met people's needs. The registered manager and care staff supervisors carried out random spot checks and regular visits to people's homes to check how staff provided support to people. Staff told us the registered manager and care staff supervisors management gave them feedback on their practice. One member of staff told us, "The spot checks are important in that there is always something we can do better. The supervisor will make suggestions on how we can improve". A care staff supervisor told us, "It's not about catching out staff. It's all about people receiving good care all the time". The registered manager had discussed with individual staff concerns identified during spot checks. We saw the registered manager had made follow- up visits to observe practice of the member of staff and ensure they had acted on guidance provided.

The service enjoyed a close working partnership with community groups, charities and local health organisations which ensured people's health, recreational and spiritual needs were met. For example, the service had arranged for input from a GP and district nurses in relation to the care and support of people with dementia and learning disabilities.

People benefitted from a strong leadership shown by the registered manager. Staff told us the registered manager is "approachable and hands on". The service held regular management meetings with both office and care staff supervisors and discussed best practice in supporting people. Staff demonstrated a clear

ownership for supporting people effectively in line with the provider's vision of making a positive difference to people's lives. The service had an action plan to improve the service which the registered manager regularly reviewed with the management team.

Staff had accurate and up to date information on people's needs and the support they required. The registered manager regularly reviewed people's records and ensured staff documented appropriately the support and care they had given. One member of staff told us, "The manager reads people's records and asks people and their relatives on the quality of support they had received". Staff received guidance from the registered manager on what information they had to record and had attended refresher training on record keeping to strengthen their report writing skills. We saw the registered manager carried further checks to ensure staff applied the guidance given and that their performance was satisfactory.

The registered manager was committed to improve the quality of support people received. The provider monitored the quality of service and carried out improvements when necessary. The registered manager monitored staff's punctuality, work completion and people's satisfaction with the support they received. Records of regular medicine audits showed staff had administered these correctly and followed all procedures. The registered manager conducted quality assurance telephone interviews and home visits to ask people and their relatives about the support and care they received and acted on the feedback. For example, the service had responded to feedback by providing staff with a refresher course in effective communication with people.

The registered manager and provider were aware of the importance of forward planning to ensure the quality of service they provided could continue to improve. The registered manager explained the service was managing its growth under a strategic plan for the next five years against known challenges such as changing needs of people at the end of their lives and a rise of people choosing their homes as their preferred place of dying.

There was a positive and open culture at the service as people and their relatives were involved in the development of the service. The registered manager encouraged and valued feedback from people and their relatives. The service had received feedback from people and the relatives through customer surveys, telephone interviews, compliments and complaints received. We saw the registered manager had written to all people and their relatives acknowledging their feedback and the plans the service had put in place to ensure staff's punctuality and improved communication with the office and staff.