

Slades of Surrey Limited

Bluebird Care (Croydon)

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 January 2018 and was announced. The last inspection of this service was carried out on 19 November 2015. The service was meeting the regulations we looked at and was rated Good overall and in all five key questions. At this inspection we found the service remained Good. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available.

Bluebird Care (Croydon) is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 67 people using this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff were aware of the whistleblowing procedures and knew how to use them.

Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

The risks to people's safety and wellbeing were assessed and regularly reviewed. The provider had processes in place for the recording and investigation of incidents and accidents.

Where necessary people were supported appropriately with the management of their medicines. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

People were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were given information about how to make a complaint and the people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The manager and other senior staff were committed to providing a good service for people. There were quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they 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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Bluebird Care (Croydon)

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 checked 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 comprehensive inspection took place on 23 January 2018 and was announced. The location provides a domiciliary care service and the manager was sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the director, the registered manager, the customer service manager, one of the care co-coordinators, the trainer / supervisor and three staff. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

The provider gave us a list of people who used the service and a list of staff. After the inspection we spoke with six people and three relatives of people who used the service.

Is the service safe?

Our findings

At this inspection we found the provider offered the same level of protection to people who used the service from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People told us they felt safe with the service they received. One person told us, "I am happy with the support I receive. The carers [staff] who visit me know what they are doing." Another person told us, "I do feel safe. I have several calls a day and it helps me to feel safe when I get the same ones [staff] visiting me."

People remained safe at the service because staff knew how to identify and report concerns about potential abuse. Staff received training at induction for helping to safeguard adults. This was followed up with regular refresher courses in safeguarding adults. Staff followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice.

We saw from reviewing our notifications and the provider's records, the registered manager reported to the local authority safeguarding team any concerns they had about people's welfare. This helped to ensure appropriate action was taken to protect people from harm. One member of staff told us, "I would always report a concern about abuse to the manager."

Our inspection of people's care files evidenced the risks to people were assessed both at the start of service provision and ongoing as people's needs changed. These assessments included risks associated with people's mental and physical health, mobility and the choices they made. We saw the assessments were appropriate and included clear guidance for staff on how to minimise risks and keep people safe. The registered manager told us risk assessments were reviewed when people's needs changed or a new risk was identified.

There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels were determined by assessing people's individual needs and the support they required. Staff told us and records evidenced absences were planned and covered adequately. Records showed that pre-employment checks were carried out to ensure new staff were suitable, as deemed by the provider, to work with the people they supported. An on call system was operated, people and staff told us they could contact the registered manager for advice should they need to.

The service continued to have a good system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring, staff were aware of the process to take to report the occurrence. Records showed that an investigation was carried out and an action plan developed if necessary. The provider also logged accidents and incidents on a central system, so that an analysis of the occurrences could be investigated for any trends and from this, preventative measures put in place. This process helped to keep people safe and avoid a reoccurrence of the accident / incident.

Medicines continued to be administered safely. The registered manager told us where people needed some

assistance with their medicines; a plan was developed for each individual person, so that appropriate assistance could be provided to people. We saw medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. The MAR's we looked at were up to date and accurate. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were protected from the risk and spread of infection. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

Since the last inspection the provider had introduced technology to enhance the delivery of effective care and support to people. People we spoke with commented on the improvement this had led to in the service they received since it was implemented. Amongst the comments we received people said, "I have noticed a great improvement in staff's time keeping for my calls"; "My care records are much more accessible and up to date"; "I have a relative who can access the system and they can see what care and support I receive."

Relatives and staff commented positively about this new technology and said how it had improved the delivery of their care. One member of staff said, "Up to date information is available for us, so when we visit someone we know just what help they need." Another member of staff said, "The Pass system works well."

The "Pass" system is an electronic method of recording care plans and other care information such as medicines administration records (MARs). The operations manager told us that each member of staff is supplied with a mobile telephone on which they can view care plans and record the care and support they have provided for people. Staff in the office can access this as well and this has greatly helped to ensure people benefit from being cared for by staff who have the most up to date information about them.

We saw people received effective care and support from well trained staff. People told us they thought staff who visited them were well trained and were well aware of their needs. One person we spoke with said, "I have a pretty regular group of staff who visit me and they seem to know how I want my care to be given to me. I have a care plan that sets out my support on a daily basis for each call I receive." Another person said, "I am happy with the care I receive. I like to have regular carers [staff] because they know me best. If they need to introduce a new carer to me it's done by those staff I already know." A relative told us, "The staff are good and know what to do. They seem to be well trained."

The provider recruited a training manager who was responsible for identifying staff training needs and providing a development programme for all staff. The training manager was clearly committed to ensuring staff were highly skilled and looked for ways to ensure training was delivered in a way that met individual staff needs. For example, drop in sessions had been arranged for staff completing Care Certificate workbooks to enable them to talk through any difficulties they were having. The Care Certificate is a set of standards that should be covered as part of induction training of new care workers to ensure they have the skills and knowledge to carry out their role.

The training manager told us all new staff completed a probation period during which they had an induction programme. This covered the necessary basic training such as customer care, manual handling and safe medicines administration. This was followed by more intensive training with the Care Certificate which is a nationally recognised training programme. All staff completed the care certificate with support provided through workshops which took place at the main agency office's training room.

We were told new staff worked alongside an experienced member of staff until they were competent to

provide care on their own. People we spoke with confirmed new staff shadowed more experienced staff supporting them in their homes.

We saw people were supported by staff who had the skills and knowledge to meet their needs. Staff we spoke with said they had access to plenty of training opportunities. One member of staff said, "The training is really good. We have a good mix of e-learning and face to face training."

The training manager told us staff received annual refresher training updates that included, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Staff were also offered the opportunity to attend training in end of life care and other areas specific to people's needs such as equality and diversity training. Records we inspected showed staff had attended this training.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks. Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether sandwiches and drinks should be left for people when staff were not there. All care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff told us they always asked people for their consent before providing care and support. People we spoke with confirmed this with us and staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Is the service caring?

Our findings

At this inspection people told us staff were caring and compassionate towards them. We gained the similar positive feedback at our last inspection and therefore the rating continues to be good.

People told us they were happy with the caring support they received from their regular staff. One person said, "The girls [staff] all wear their uniforms and carry their identity badges. They care very much about what they do for me and I appreciate their kind, caring approach to helping me." Relatives we spoke with echoed this positive view.

Staff who visited people on a regular basis were well aware of their care and support plans and of their preferences for care. People told us mostly they had their own regular group of staff members who provided support over the week. Staff we spoke with said they preferred to have a regular round of people to support as this helped them to build effective and caring relationships with the people they supported. This was not always possible for many different reasons such as staff sickness and staff turnover. However in the main people were cared for consistently. One person said, "It is good to have the same people visit, as they get to know the way we want our support best." A member of staff told us, "Continuity and the building of relationships is very important. We can build them with regular and familiar care runs."

Staff understood and promoted people's independence. People we spoke with told us staff helped them do things for themselves and encouraged people to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life. One person said, "I like to do as much as I can for myself but there are some things I can't do. Staff always ask me if I need other help on their visits."

People said they were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff had received training on maintaining confidentiality.

Is the service responsive?

Our findings

From our inspection of people's care files we saw people's care and support was planned together with them. People said their care package was drawn up together with them and for some people with their relatives. They told us at the start of their care a member of the office staff visited them to discuss and agree what care and support they needed. They said they were asked about their wishes to do with how their care was to be provided for them. We saw evidence that a full and holistic needs and risk assessment was drawn up for people that included a comprehensive review of all their physical, mental, emotional and social needs. We saw there was information about people's backgrounds and personal histories that helped staff understand the people they were supporting better. Staff told us they found this information useful in building better relationships with people at the start of a care package. One member of staff said, "I find it helpful when I visit start visiting someone to support them. It enables me to make a faster and more meaningful connection with people." Another member of staff told us, "People we visit like it too as it helps them to feel they matter and that we are professional."

People told us they had paper copies of their care plans and reviews and they were fully involved in how these were drawn up. They told us that the introduction of new technology i.e. the "Pass" system had made access to up to date information much easier. In terms of responsiveness people said when their needs changed the staff were able to make appropriate changes to their care plans and these were implemented immediately. One person said, "It seems so much better now and everyone is clearer about what is being done".

People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. The registered manager told us the new "Pass" system had helped to reduce potential late and missed calls as the electronic system flags up any staff not arriving at their allocated call. This was followed up immediately by admin staff in the office with a telephone call to people to let them know what was happening. People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Reviews were held as necessary or every six months. Office based staff made regular calls to people at the start of the service and after all reviews to ensure the care provision was meeting their needs and their wishes. All the staff we spoke with said the management were very responsive to people's changing needs or wishes and acted quickly to review the care plan. The staff recorded daily the care and support given to each person. We saw evidence these records were clearly written and informative.

People using the service and their relatives told us they were aware of Bluebird's complaints procedure. They told us they had a copy of it in their Bluebird Care information files that they were provided with at the start of their service and which was kept in their homes. People said they were confident that the registered manager and office staff would address concerns if they had any.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. One person said, "If I had a problem I would phone the office. There is also an out of office hours number. The information is all in the pack I have here in my house." Another person said, "I would speak to office staff. They contact me regularly to see if I am happy with the service I receive. That would be the best time for me to speak to them about it. If it was urgent I'd speak to the manager."

We also saw a number of compliments about the service from people and their relatives. One person said, "Thanks for the great work you and your team are putting in, I really appreciate it." A relative said, "We have been very impressed with the quality of the service provided and we thank all at Bluebird Care Croydon for everything they have done."

Records showed end of life care was covered in staff induction and further training was provided for care staff members who would be supporting people approaching the end of their life. There was a policy in place for end of life care and advanced care plans for those who needed them. Care staff showed insight into how people might be feeling and that the experience was different for everyone.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

Throughout our inspection we found the provider, registered manager and staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed.

We saw people received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "It's a positive place to work in. We have good support from our managers and there is a friendly teamwork approach here that really helps us with what we do." Staff told us the registered manager was approachable and dealt effectively with any concerns if they were raised.

We saw evidence of other initiatives implemented by the provider and registered manager that included, a monthly internal newsletter designed to ensure that staff remained abreast of matters pertaining to their employment; a career pathway for staff, whereby they could see how commitment and hard work lead to career progression with the 'Bluebird Carer of the Month' initiative designed to recognise exceptional service from staff.

Minutes of the last three staff team meetings evidenced staff were provided opportunities in this forum to build a coherent team approach and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their individual work with people at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they felt they were listened to.

There were quality assurance systems in place to help ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Office staff monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and other senior office based staff worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

The provider told us that the service was visited by the quality assessor from the Bluebird Care franchise. The auditing tools used by the franchise followed a similar system to that of CQC and gave ratings across the service in respect of it being safe, effective, caring, responsive and well led. The last audit identified the service was meeting the expectations of the franchise and that improvements were made over the previous six months. The report showed that the service was operating to a 'good' standard. We were provided with a recent quality monitoring report from the local authority and this too assessed the provider as operating to a 'good' standard.

Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2018 survey questionnaires were sent out last week. When the feedback is returned the results will be analysed and a summary report produced together with an action plan that identified areas where improvements could be made.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.