Ampi Limited

Bluebird Care (Tonbridge & Tunbridge Wells)

Inspection report

Office 23 a/b, Pipers Business Centre
220 Vale Road
Tonbridge
Kent
TN9 1SP

Tel: 01732373024
Website: www.bluebirdcare.co.uk

Date of inspection visit:
15 June 2016

Date of publication:
21 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

At the previous inspection of this service in January 2014 we found it was meeting all the standards we looked at. Bluebird Care (Tonbridge & Tunbridge Wells) provides care and support to adults who want to retain their independence in their own home. It also offers a live in 24 hour care service. It provides a service to mainly older people and some younger adults. The service was providing support with personal care to 86 people at the time of our inspection.

The service had a manager in place. They were not registered with the Care Quality Commission but told us they were in the process of applying for registration. 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.'

Medicine records were not always accurately and fully completed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The service had appropriate safeguarding procedures in place and staff were knowledgeable about their responsibilities with regard to safeguarding adults. Risk assessments were in place which included information about how to mitigate any risks people faced. There were enough staff working at the service to promote people's safety and pre-employment checks were carried out on prospective staff.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health and wellbeing.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place for people which set out their needs and the support they required in a personalised manner about the individual person. The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

People and staff spoke positively of the management at the service and of the working atmosphere. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicine administration record charts were not always completed fully and did not contain all required information.

Staff undertook training about safeguarding adults and safeguarding allegations had been dealt with appropriately in line with the provider's procedures.

Risk assessments were in place which included information about how to mitigate risks people faced. The service did not use any form of physical restraint when working with people.

There were enough staff working at the service to meet people's needs in a safe manner. Checks were carried out on staff before they began working at the service including employment references and criminal records checks.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received regular one to one supervision.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

The service worked with other agencies to meet people's needs including their health care needs.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were regularly reviewed so that they were able to reflect people's needs as they changed over time. Care plans were personalised, containing information about how to meet the needs of individuals.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led. People and staff spoke positively of the management at the service and of the working atmosphere.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

Bluebird Care (Tonbridge & Tunbridge Wells)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. 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 we reviewed the information we already held about this service. This included details of its registration, previous inspection reports, safeguarding referrals and other notifications sent to us by the provider. We contacted the local authority in which the service was located to seek their views.

We spoke with seven people that used the service and three relatives. We spoke with seven staff, including the nominated individual, the operations manager, the manager, a supervisor, a coordinator and two care assistants. We examined various documents. These included six sets of records relating to people that used the service such as care plans, risk assessments and medicine administration charts. Six sets of staff records relating to staff recruitment, training and supervision. We looked at quality assurance and monitoring records including surveys and audits and a selection of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The service had a medicines policy in place. This stated that medicine administration records (MAR) charts had to be completed where people required support with taking their medicines. The policy stated that staff were required to check the information on the MAR chart every time they administered medicines to make sure it was in line with the information on the medicine label.

We found the MAR charts were not always completed in line with the medicines policy and procedures. MAR charts were written on a standard pro forma. The pro forma had sections to enter details about the individual medicines to be administered, including the name, amount to be administered, what form the medicines was in, the route it was to be administered and dosage instructions. We examined MAR charts for five people that used the service and found that only one had been completed fully and correctly. The other four only contained the name of the medicine to be administered but no detail about the other information required. We discussed this issue with the operations manager and the manager who agreed that those charts had not been completed correctly.

An audit of the service carried out in October 2015 found that MAR charts had not always been completed correctly and the service had failed to address this issue.

Lack of detailed information on MAR charts puts people at risk of not being given their medicines correctly. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received safe care and support. One person said, "They shower me. I'm not steady on my feet and she [care staff] holds me." Other people told us there were enough staff to meet their needs in a safe manner.

The service had a safeguarding adults' procedure. This made clear their responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. The manager was aware of their responsibility with regard to safeguarding allegations. They told us there had been two such allegations against employees of the service in the past year and records showed these had been dealt with appropriately. The service had also acted pro-actively in reporting a safeguarding allegation where they believed a hospital might have been neglectful in the care they provided to a person that used the service. The service had a whistleblowing blowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate.

In addition to the safeguarding adults procedure there was also a policy on handling money. This made clear that staff were not permitted to loan or borrow money from people or sell or buy goods from them to protect people from the possibility of exploitation.

Staff told us and records confirmed that they had undertaken training about safeguarding adults. Staff we spoke with were aware of the different types of abuse and of their responsibility for reporting any

safeguarding allegations. One staff member said, "Let them know in the office [of any abuse allegation]." Another staff member said, "I absolutely would report it [an allegation of abuse] to the manager and make sure it was documented and take care to look over the client to check they were OK."

Various risk assessments were in place which set out how to support people in a safe manner. Risk assessments included the physical environment, moving and handling, infection control, COSHH and support with medicines. Assessments included information about the risk and of the steps required to mitigate risks. For example, the risk assessments about moving and handing detailed what equipment and staff support was required to perform each moving and handling task safely.

The manager told us that at the time of our inspection the service did not work with any people that exhibited behaviours that challenged the service and that staff did not use any form of physical restraint when working with people.

The manager told us that the amount of support people received was decided by them based on their needs. People told us staff had enough time to meet their needs. Staff told us that generally they had enough time to get from one person to another for their appointment and so they were rarely late. One staff member said, "Oh absolutely" when asked if they had enough time to get between appointments. One of the coordinators told us they tried to match staff with people whom they lived close to which helped staff to be punctual. They told us there had been two missed appointments since December 2015. Records showed these were both investigated and addressed with the relevant staff where appropriate. One missed call was because a care staff member had not received their rota for the week. To prevent a re-occurrence of this, coordinators were now expected to receive confirmation from all staff that they had received their rota.

The service had robust staff recruitment and selection procedures in place. All staff had to undertake an interview to check their ability for the job and we saw records of interview notes. Staff had to undergo various checks before they were able to commence their employment. These checks included employment references, proof of identification and criminal records checks. This meant the service took steps to help ensure suitable staff were employed.

Good

Is the service effective?

Our findings

The service had an induction programme in place for new staff. This included completing the Care Certificate which we saw records of. The Care Certificate is a training programme designed for staff that are new to working in the care sector. New staff had weekly supervision for the first twelve weeks of their employment to monitor their progress and support them in their new role. New staff had three days classroom based training at the commencement of their employment, and then had the opportunity of shadowing experienced staff to learn how to support individuals. The operations manager said, "We never allow a carer [staff] out on their own until they are 100% confident of it."

The nominated individual said they placed a lot of emphasis on good staff training and support, telling us, "If we train the staff right we will reap the benefits." Staff told us and records confirmed they had regular access to training. One staff member said, "I've done all my mandatory training, medicines, moving and handling, health and safety." Staff said they were able to request training. One staff member said, "I asked if I could go on some workshops for coordinating and they've booked that for me." Another staff member said, "We do regular training. They are always asking me what I want training on, they are always offering things." Training records showed staff attended training on various topics including dementia care, infection control, moving and handling and food hygiene.

Staff told us and records confirmed that they had regular one to one supervision with a senior member of staff. One staff member said, "I think its [supervision] about every six weeks. We talk about how I am getting on, the customers, if I am having any problems." Supervision records showed topics discussed included training needs, communication, performance issues and issues relating to people that used the service.

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

The manager told us the service did not carry out assessments of people's mental capacity, rather, this was the responsibility of the relevant local authority or other professionals. They said where people lacked capacity family members were involved in making decisions on behalf of people and they provided information to staff to support decision making. For example, about what people's food preferences were and we saw records which confirmed this.

Staff told us that they supported people to make choices and when they lacked capacity to do so they consulted family members and care plans. One staff member said, "If people don't have capacity you can get the information from the care plans. Care plans are quite specific."

Where people required support with meal preparation this was detailed in their care plans which included information about people's food preferences. For example, the care plan for one person said they liked,

"Soft foods, nothing that needs too much chewing." The care plan for another person stated, "I have Wiltshire Farm Foods. I like cornflakes and Rice Krispies for breakfast. I also have toast every now and then."

Staff understood the need to support people to make choices about what they ate and drank. One staff member said, "You just ask them [what they want for breakfast]." They told us about the person they had worked with on the day of our inspection, saying, "He likes strong tea, little milk and sweetener because he is diabetic." This showed the staff member was knowledgeable about the person's preferences and support needs in relation to eating and drinking.

The manager told us that the service provided support with medical appointments if required but said this was usually done by family members. Care plans showed the service worked with other care professionals to promote people's health and wellbeing. For example, staff observed that one person was displaying signs of increased agitation during the day time and a referral was made to their GP. The manager told us and records confirmed that for another person the service had liaised with the physiotherapy team because of a person's changing mobility needs.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and they were treated in a dignified manner. One person said, "She [staff member] is nice, she talks and listens to me." Another person said of their care staff, "She is kind, I have had her for two years." Another person said, "They are very caring and talk about whatever I want to talk about." A relative said, "They explain to her [person that used the service] what they are doing." The nominated individual told us that each person was sent a birthday card and Christmas card each year which was a kind gesture to make.

The manager told us they sought to provide continuity of care staff to people so they were able to build up relationships of trust. However, they said there had been some issues with this due to lack of staff but this had now largely been resolved and people were able to have the same care staff on a more regular basis. A staff member who had responsibility for deciding which staff to send to work with each person told us, "My main thing is to keep the same staff with the same customers. That leads to a better quality of care. I try to keep three or four staff going in there [people's homes] so the workers are building up a good rapport so if a staff goes off sick I have other staff who have been in there." The same staff member told us they matched staff with people with whom they would work well. For example, one younger woman that used the service said she liked younger female staff because she had more in common with them and was able to have conversations about topics of mutual interest and this was arranged.

Care plans included information about people's past life history, including details about their family, hobbies and interest and employment. This enabled staff to get to know about people and things that were important to them. The provider had a supply of company cars that were available for use by care staff in the event that their own car was broken. This meant care staff were able to carry on working and providing continuity of care to people so they got the same regular care staff.

Staff had a good understanding of how to promote people's dignity, privacy and independence. One staff member said of giving personal care to a person, "When I take her nightie off I always put a towel round her to keep her covered." Another staff member said, "You need to make sure that they feel comfortable, that they don't feel exposed. I place a towel on their laps, just try and keep it as dignified as you can." The same staff member also told us, "I don't want to offer help that isn't needed. We try to encourage independence as much as possible. For instance, I see a guy [person that used the service] who can do his own laundry, I encourage him but if he can do it on his own I let him. Same with cooking, assist them when they need it but let them do it themselves, it builds confidence and self-esteem."

To help protect people's privacy and confidentiality, people or their relatives signed consent forms to allow confidential information to be shared with third parties. For example, to consent to information being shared with health care professionals in the event of an emergency or the Care Quality Commission.

Care plans included information about people's communication needs so that staff were able to interact with them in a manner that facilitated people's understanding. For example, the care plan for one person stated, "I can be hard of hearing. Care worker to maintain a clear tone and look at me when speaking with

me." A staff member said, "They have a way of communicating with you most people."

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in developing care plans and the service was responsive to their needs. One person said, "I have a care plan and it has been explained to me." A relative said, "They are good with the [caring] routine." Another relative said, "They are very good, they follow instructions."

After receiving an initial referral a senior member of staff met with the person and their relatives where appropriate to carry out an assessment of their needs. This was to determine what support they needed and wanted and whether or not the service was able to provide that support. The manager said of the assessment process, "It's so much about the person rather than just the care we are giving." The initial assessment formed the basis of the care plans for people and was reviewed on a six monthly basis. This meant care plans were able to reflect people's needs as they changed over time. The review involved a visit to the person's home by a supervisor so they could speak with the person and their family to determine if the support being provided was appropriate and if any changes were required. The staff member with responsibility for carrying out reviews of care plans told us in addition to the six monthly reviews they did a review if a person was admitted to hospital because in those instances there was a good chance the person's needs had changed.

The supervisor told us and records confirmed that each new person received a phone call after the first week to see how things were going and if there had been any problems. They then got a further call after the first month to ensure things were running to the satisfaction of the person. One person said, "[Staff member] comes to visit, I'm not sure if she is the manager, but she does the reviews."

The operations manager told us care plans were written with the involvement of people and their relatives, saying, "We tailor make it [care plan] to them, we do what they ask us to do." We found that care plans included personalised information about people to help staff provide care based on the needs of individuals. For example, the care plan for one person stated, "My fingers are very sensitive and care workers must take care when carrying out my hand washing support." The care plan for another person stated, "I like to have my hair washed regularly. This needs to be done whilst I am in bed using a bowl of water." The care plan for another person stated, "I spend my time in bed and if I am asleep please be as quiet as possible. I do not like to be woken up with loud noises and talking, please close the door quietly."

Care plans had been signed by people or their relatives to indicate that they had been involved in developing the care plans and they consented to receive the care and support detailed within the plan.

At the time of inspection care plans were written on paper, and copies were kept in people's homes and the office. The nominated individual told us the service was implementing a new system where all care plans were held electronically and the relevant information could be accessed by care staff through their phones or electronic tablets. This meant staff would be easily able to access the most up to date information about a person which would be particularly helpful if supporting a person they did not know well. Where there is a change to a care plan this will also be highlighted so that staff are aware of it. The nominated individual told

us training will be provided to staff about the new system and that they expected it to be operational by the end of summer 2016.

The service had a complaints procedure. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed that complaints had been dealt with in line with the procedure and to the satisfaction of the complainant where possible.

Information about how to make a complaint was included in the welcome pack which was provided for each person using the service. People told us they knew how to make a complaint, telling us they would speak to staff at the office. One person said, "I have made suggestions and they were received well." A relative told us, "There was one carer that was not good enough, Bluebird sorted it out and she did not come back."

Good

Is the service well-led?

Our findings

People and their relatives told us they found senior staff to be helpful. One person said, "They [senior staff] are approachable and friendly." Another person said, "The manager has come to the house for a chat."

Senior staff told us they sought to be approachable to staff and people that used the service. The operations manager said, "It's an open door policy. Anytime they [staff] can pop in." We saw one care staff did indeed 'pop in' during the course of our inspection and discussed issues with the office staff. Staff we spoke with confirmed that senior staff were approachable and supportive. One member of staff said, "They [senior staff] always listen to you." The same staff member said of the office staff, "They are a good bunch." Another staff member told us, "She [manager] is really good actually. She listens to you. If you take something to her she acts upon it. If a customer phones she will deal with it straight away."

At the time of our inspection the service did not have a registered manager in place. There was a recently appointed manager and they told us they were in the process of applying for registration with the Care Quality Commission. They were overseen by an operations manager who had responsibility for all three of the services run by this provider. The operations manager told us they worked at the service at least one and a half days a week and the nominated individual told us they were there at least once a week. The manager was supported by two supervisors and two coordinators in the day to day running of the service.

The service had an out of hours on-call phone number so that staff were able to access support if required. Staff told us they found the system to be efficient and that someone always answered when they called. One staff member said of the on-call system, "It's fantastic, I can always rely on them."

The nominated individual (who is also the joint owner of the service) told us they had an active role in monitoring the quality of service provided. They said they monitored the audits being carried out by the service and set targets for the service to address any issues identified in audits.

The manager told us the service had a weekly meeting of the office staff each Monday morning. This was used as a de-brief session for any issues that had arisen over the weekend and to plan for the week ahead. For example, what arrangements needed to be put in place if any staff were on annual leave.

Staff told us and records confirmed the service held a monthly staff meeting. One staff member said staff meetings were, "All right. We talk about new staff and if we are going to mentor them." Another staff member said of staff meetings, "We all sit down and discuss things from form filling and general work to what to do in an emergency situation, if anything is changed." Records of staff meetings showed discussions were held about communication and good practice issues at work.

The nominated individual told us they worked hard to make sure staff felt looked after and said if staff were happy with their employment they were likely to do a better job which resulted in people receiving good quality care. For example, the service was in the process of implementing a clear career development pathway for care staff so they could progress up the pathway with training and qualifications which led to

increases in salary.

The nominated individual told us as a result of feedback from surveys they had employed a second coordinator. This was because people had raised concerns about a lack of communication between themselves and the service, especially if there was a change to their regular care staff or the care staff was running late. By employing an extra coordinator this gave the service more capacity and time to be able to communicate more effectively with people. One of the coordinators told us, "I ring the customer up if there is going to be a new carer." In addition, the service sent out a weekly schedule to each person so they were aware in advance which care staff were due on which days. The nominated individual also said they had employed an administrator on a short term contract to support the work of a supervisor as the other supervisor was on a prolonged period of leave. We saw the administrator was in post during the course of our inspection.

One of the supervisors told us they carried out unannounced spot checks. These involved going to a person's home at the time of an appointment to monitor the staff member providing support. We saw records of these spot checks which showed they checked staff punctuality, if the staff member followed good health and safety practice, if the care plan was followed and if required records were completed. A member of care staff said of the spot checks, "They come and watch me occasionally where I am assessed and they talk to me about what I did right and not right."

Various audits were carried out at the service to monitor the quality of service provided. Bluebird Care (Tonbridge & Tunbridge Wells) is a franchise of a larger organisation Bluebird Care who carried out an annual audit of the service, the most recent audit by them was in October 2015. As mentioned previously in this report this audit found that medicine administration record charts had not been completed correctly and this issue had not been addressed by the service. However, other issues had been addressed, for example the audit found that new staff were not always getting weekly supervision for the first 12 weeks of their employment and records confirmed that this was now happening.

The provider of this service had a total of three locations registered with the Care Quality Commission that they provided personal care from. The managers of the three locations carried out joint audits of the locations every six months. The most recent one of this service was in January 2016. We saw this included an audit of care files and staff files to check that everything was in place and up to date. The care files and staff files we examined during our inspection were found to be up to date.

The manager told us the service carried out a six monthly survey of people that used the service, their relatives and staff. A person that used the service told us, "I have filled a questionnaire." The most recent survey was sent to people on 31 March 2016. This found concern with people having their care staff changed regularly and we found steps had been taken to address this issue. Completed surveys contained some positive and negative comments. One person wrote, "I have found the management of Bluebird has improved in recent months." Another person wrote, "Everything is very good." However, one person was unhappy at the time of their care appointments being too early. We checked recent timesheets for the person and found staff had changed from a 6.15am appointment to an 8am appointment in line with the person's wishes. This meant the service had taken steps to address concerns raised through the survey.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed in a safe manner. Regulation 12 (1) (2) (g)