

V&J Billington Limited

Bluebird Care (Elmbridge & Runnymede)

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

The inspection took place on 19 August 2015 and was announced.

Bluebird Care (Elmbridge & Runnymede) provides personal care for people in their own homes, including live-in care. There were 110 people using the service at the time of our inspection, six of whom were receiving live-in care.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

The service was not always safe because on two occasions care workers had missed visits, which had serious or potentially serious consequences for people. The agency's monitoring systems had failed to highlight that the care workers had not arrived, which meant that no action was taken to ensure people received the care they needed or to check on the care workers' safety.

Staff attended safeguarding training and were made aware of the provider's whistle-blowing policy, which clarified their responsibilities should they suspect abuse was taking place. The agency took appropriate steps to keep people's property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know.

People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency. People were supported by competent staff who had access to the training and support they needed. Staff had received training in safe medicines management and in the use of any specialist equipment or adaptations involved in the delivery of people's care.

Relatives told us their family members received their care from regular care workers who knew their needs well. People said their care workers were kind and caring and

that they had developed positive relationships with their care workers. They told us their care workers almost always arrived on time and stayed for the length of time required to ensure all their needs were met.

People's needs were assessed before they began to use the service and an individual care plan drawn up from their assessment. Care plans reflected people's individual needs and preferences and provided clear information for staff about how to provide appropriate care and support. Care supervisors carried out spot checks to ensure that care workers delivered care in line with people's care plans and supported people in a way that maintained their safety and dignity.

The provider had a complaints policy which set out the process for dealing with complaints. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People told us the agency contacted them regularly to seek their feedback and said the agency had responded appropriately if they had requested changes to the care provided.

We identified breaches 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 end of the main body of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Missed visits had placed people at risk.

There were procedures in place for safeguarding people and staff were aware of their responsibilities should they suspect abuse was taking place.

The agency took appropriate steps to keep people's property secure.

The agency employed sufficient suitable staff to meet people's needs.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by competent staff who understood their needs.

People received consistent care from regular care workers.

Care workers had access to the training and support they needed.

Care workers were shown how to use any equipment they used in delivering people's care.

Care workers understood the importance of notifying the office if people's needs changed.

Good



Is the service caring?

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

Good



Is the service responsive?

The service was responsive.

Care workers provided a flexible service that was responsive to people's needs.

Care plans were person-centred and reflected people's individual needs and preferences.

Good



Summary of findings

The agency sought people's views about their care and support and responded to their feedback.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

The service was not always well-led.

The agency's monitoring systems failed to identify when visits had been missed.

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to.

People were supported to have their say about the care they received and relatives were encouraged to contribute their views.

Staff felt well supported by the registered manager and the management team.

Records relating to people's care were accurate, up to date and stored appropriately.

Requires improvement



Bluebird Care (Elmbridge & Runnymede)

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 inspection took place on 19 August 2015. The provider was given 24 hours notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. One inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a

Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we had brought the inspection forward in response to concerns received about the service. These concerns related to missed visits which had placed people using the service at risk.

During our inspection we visited the agency's office and spoke to the registered manager and the registered provider. We checked records including ten people's care plans and risk assessments, six staff files and other records relating to the management of the service, including quality monitoring.

We made telephone calls to 12 people that used the service and six relatives of people that used the service to hear their views about the care and support provided. We made telephone calls to eight staff to ask them about the support and training they received.

The last inspection of the service took place on 12 June 2014. No breaches of regulation were identified at that visit.

Is the service safe?

Our findings

The service was not always safe. On two occasions care workers had missed visits, which had serious or potentially serious consequences for people. To compound this, the agency's monitoring systems had failed to highlight that a care worker had not arrived at the visit. This meant that no action was taken to ensure that the person received the care they needed or to check on the care workers' safety and welfare.

On one occasion, a care worker advised the office that they were running late for an evening visit and the office had contacted the person receiving the service to let them know. The care worker did not arrive for the scheduled visit, which was the last of the day for the person receiving care. The missed call was not picked up by the agency's on-call system, which meant that the person did not receive the care they needed.

On another occasion, a relative said that they had been contacted by their family member via an alarm several hours after a scheduled visit time. The relative went immediately to their family member's home and found that the care worker had not arrived for the final visit of the day. The relative said they found their family member confused and dehydrated and that they had missed a dose of medicines that should have been administered at the evening visit. The relative told us, "The carer was supposed to give her her medicines, encourage her to have a drink and put her to bed. That was a real worry for us; when someone is very frail, a missed visit can have serious consequences."

Failure to ensure that care was provided in a safe way or to prevent avoidable harm or risk of harm was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their responsibilities should they suspect abuse was taking place. Staff were also made aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. Staff attended safeguarding training in their induction and the registered manager told us that they had reminded staff of their responsibilities to report any concerns they had about abuse or poor practice. Where necessary, the registered manager had referred incidents to the CQC and the local authority safeguarding team.

People told us that the agency took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know. In some cases, staff gained access to people's homes by use of a key safe. The agency had developed a protocol for the use of key safes to ensure that unauthorised people did not have access to people's property. The agency provided guidance for staff about their responsibilities when handling people's money and how to account for any transactions with which they supported people.

All staff responsible for administering medicines had been trained and their competency had been assessed. Each person whose care involved the administration of medicines had a medication administration record and care supervisors carried out audits to ensure that people were receiving their medicines correctly.

Where people's care involved the use of specialist equipment or adaptations, such as slings or hoists, staff had received training to ensure that they knew how to use this equipment safely.

The provider carried out appropriate checks to ensure they employed suitable people to work at the agency. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

The agency had carried out risk assessments to ensure that the person receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to be taken to prevent a recurrence.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency. The provider had developed a business continuity plan which detailed the action to be taken in the event of an event such as a fire at the premises or adverse weather affecting

Is the service safe?

staff travel. The plan included backing up computerised records off-site and identifying and prioritising people who would be at high risk if the delivery of their care was disrupted.

Is the service effective?

Our findings

People told us that they were supported by competent staff who understood their needs. One person said, “The people they send are very good, they all know what they’re doing” and another person told us, “They always follow the care plan.” People told us that staff almost always arrived on time and that if their care worker was delayed they received a telephone call from the office to let them know. One person said, “They’re always here within five minutes of the scheduled time” and another person said of their care worker, “Her time-keeping is very good.” People confirmed that their care workers always stayed for the required length of time and that they did not feel rushed when receiving their care.

Relatives were confident that their family members received care and support that met their needs. One relative told us, “They know all about his conditions and how to look after him.” Relatives told us that it was important for their family members to receive their care from regular care workers and that the agency tried hard to provide this. A relative said, “The consistency of care is so important for my mum and I insisted that they sent the same carers each time. They’ve done that and the carers now know mum’s routines and how she likes things. And mum’s got to know them. She remembers their names and asks after them when they’re not here.” The registered provider told us that the agency aimed to provide consistent care by establishing a small team of care workers who knew each person well. This ensured that a care worker familiar to the person was always available if their colleagues’ were sick or on leave.

Care workers told us that they were supported in their work. They said that they were in regular contact with their managers and that their managers were available for support if they needed them. Care workers told us that they were always given enough information about people’s needs before they began to provide their care. They said that they were given the person’s care plan and that a care supervisor accompanied them on the first visit to introduce them and ensure that they understood the care the person needed.

All new staff attended an induction when they joined the team, which included training in moving and handling, medicines management, safeguarding, dementia, health and safety, food preparation and safety and fire safety. In

addition to classroom training, staff had to undertake competency assessments in moving and handling and the administration of medicines. Staff told us that they were always shown how to use any equipment they used in delivering people’s care, such as hoists or shower chairs.

Staff were required to successfully complete a probationary period before being confirmed in post. Each staff member attended a review at the conclusion of their probationary period to assess whether they had developed the competencies needed to perform their roles effectively. We saw that the provider had extended some staff’s probationary periods if they had yet to achieve the skills and competencies required to provide safe and effective care.

The registered manager told us that all staff had an annual appraisal at which their performance was assessed. Staff were encouraged to contribute their views to this assessment and to identify areas for continuing professional development. Staff said that they had regular contact from their managers. They said that this was usually by telephone but that they also had opportunities to meet their managers if they needed support or advice. The registered manager told us that the Care Certificate would be introduced for all care staff from September 2015. The Care Certificate is a set of standards designed to ensure that health and social care workers provide compassionate, safe and high quality care.

People were asked to give their consent and we saw signed consent forms in people’s care records. These included consent to the care they received and to the sharing of information with care workers and relevant professionals. The registered manager understood the need to provide people’s care in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner. The registered manager told us that none of the people for whom the agency provided a service were subject to DoLS authorisations. The agency had a policy on the MCA and training was provided in the principles of this legislation.

The registered manager and staff understood the importance of encouraging people to make decisions about their care and respecting their choices. Relatives told

Is the service effective?

us that they had been consulted about their family member's care plans, which had been developed in a way which gave people as much choice and control over their care as possible. People's care plans recorded their medical history and any healthcare needs. Care workers understood the importance of notifying the office if people's needs changed or if they appeared unwell. Relatives told us that their family members' care plans were updated if their needs changed and that the agency contacted them if they had any concerns about people's health or welfare.

People's nutritional needs were assessed during their assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

All the people we spoke with said their care workers were kind and caring. Several told us that they had developed good relationships with their care workers and looked forward to their visits. One person told us, “They’re all friendly and cheerful” and another person said of their care worker, “She’s lovely, I love her to bits.” People told us that staff understood their needs and how they liked things to be done. They said that staff respected their choices and provided their care in a way that maintained their dignity.

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members’ needs. One relative told us, “I’m very happy with them, they’re excellent. I’d give them full marks” and another said, “I’m very happy with the carers, I don’t know what we’d do without them.”

Relatives told us their family members’ care workers genuinely cared about their welfare. They said their family members had positive relationships with their care workers

and that the care workers treated them with respect. One relative told us, “Mum gets on really well with the girls that go in” and another relative said of their family member’s regular care worker, “She’s great. Mum gets on really well with her; she looks forward to seeing her.”

People were encouraged to contribute to their care plans. They had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a Confidentiality policy, which set out how people’s confidential and private information (CPI) would be managed. Staff were briefed on the policy and the importance of managing CPI appropriately during their induction.

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. They said that their care workers were willing to do whatever they asked of them. One person told us, “It’s a very good service they provide. They do everything I ask of them.” Another person told us that what they required their care worker to do depended on how they were feeling at the time of the visit. The person said that the care worker provided a flexible service that enabled this, adapting to their needs at each visit.

Care supervisors assessed people’s needs before they began to use the service to ensure that the agency could provide the care they needed. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment. Care plans were person-centred and reflected people’s individual needs and preferences. For example they specified how people preferred their meals to be prepared. Care plans also provided clear information for staff about how to provide care and support in the way the person preferred. Staff told us that they read people’s care plans regularly to ensure that they were familiar with any changes.

People who used the service and their relatives told us that the agency had encouraged their involvement in the development of their care plans. The records we checked contained evidence that people had been consulted about

their care and their consent to their care had been recorded. People told us the agency reviewed their care plans regularly to ensure that they continued to meet their needs.

The agency sought people’s views about their care and support and responded to their feedback. People said that the agency contacted them regularly to ask for their views about the service they received. They told us that the agency had made changes where they had requested them, such as changing the time of a visit. Relatives also told us that the agency contacted them to request feedback about the care their family members received. Relatives told us that the agency responded well if they had needed to change arrangements at short notice or to arrange additional visits. One relative said, “They’ll always help if they can” and another relative told us, “They’ve always responded well when we’ve asked for an extra visit at the last minute.” A third relative told us, “We have adjusted the care according to mum’s needs and that flexibility has been really helpful.”

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. We checked the complaints log and found that where the agency had received concerns or information about the service, these had been documented and handled appropriately.

None of the people we spoke with had made a complaint. People who used the service and their relatives told us they were confident that if they did so, the agency would take their complaint seriously. People said they had been able to contact the agency’s office when they needed to and had been happy with the response they received. One relative told us, “If there’s ever been a problem, I’ve called them up and they’ve sorted it out straightaway.”

Is the service well-led?

Our findings

The agency's monitoring systems had failed to identify when calls were missed, which meant that no remedial action was taken to ensure that people were safe and receiving the care they needed.

Failure to implement effective systems to assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People said they were happy with the frequency with which the agency contacted them to seek their views. One person told us, "They are often on the phone to check everything's okay" and a relative said, "They are in touch regularly to ask if we're happy with everything." People said that the agency responded well to their feedback or where they had requested changes to the care provided.

People who used the service and their relatives told us that they were able to contact the office when they needed to and had been satisfied with the service they received. One relative said, "I've always been able to get hold of someone if I've needed to." The registered provider and the registered manager told us they aimed to be approachable to people who used the service and staff. They said they encouraged people to raise any concerns they had with them.

Staff told us they felt supported by the registered manager and the management team. They said that advice and support was always available when they needed it. One care worker told us, "I've always found them very supportive" and another said, "I find them very helpful. They've supported me whenever I've had a problem." Staff told us they were confident that their managers would take any concerns they raised seriously and ensure that appropriate action was taken to resolve any issues they

had. They said that they were encouraged to give their views about how the service could improve. The registered manager confirmed that they welcomed the input of staff in improving the service people received.

The induction process introduced new staff to the vision and values of the organisation and all care workers were given a copy of the staff handbook. The handbook detailed their roles and responsibilities and made clear the standards of behaviour and practice expected by the agency.

The agency had vacancies for care co-ordinators at the time of our inspection. The principal role of care co-ordinators was to plan the rota to ensure that people receive their visits on time and that care workers knew the schedule of visits they needed to make. The registered provider told us that they were actively recruiting to these vacancies to ensure that the service was managed effectively. Until these vacancies were filled, the registered manager was calling care workers each day to ensure that they were aware of their schedule of visits.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. One relative told us that the daily notes made by care staff were valuable as they could see how much their family member had eaten and drunk when they visited them each evening. Other relatives told us that they were able to monitor their family members' well-being because staff recorded their mood and disposition in the care notes.

People told us that care supervisors visited their homes by arrangement to carry out spot checks on the care workers who supported them. Care workers confirmed that supervisors carried out these checks to ensure that they carried their identification, wore correct uniform and used personal protective equipment where necessary. Care workers said that supervisors also checked that they delivered care in line with the person's individual care plan, recorded the care they had provided and supported people in a way that maintained their safety and dignity.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure that care was provided in a safe way or to prevent avoidable harm or risk of harm.</p> <p>Regulation 12(1)(2)(b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had failed to implement effective systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17(2)(a)</p>