

Tansonns Limited

# Bluebird Care (Bexley)

## Inspection report

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Date of inspection visit:  
11 March 2019  
12 March 2019

Date of publication:  
29 April 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Bluebird Care (Bexley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides a reablement service, personal care to adults and some of whom have dementia. At the time of the inspection there were 134 people receiving personal care from the service.

People's experience of using this service:

- People were not supported by effectively deployed staff. Staff did not always attend people's care calls as per their preferred time. People were not always supported in line with the care and support that had been planned for them.
- Staff roistering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full time with people.
- The provider's quality assurance systems were not effective. The provider was not effectively monitoring people's calls.
- The local authority quality audit recommendations from January 2019 were outstanding.
- There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable.
- People and their relatives gave us positive feedback about their safety and told us that staff treated them well.
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for.
- Staff completed risk assessments for every person who used the service. These included manual handling risks, oral care, eating and drinking and home environment.
- There was a system to manage accidents and incidents to reduce them happening again. Staff completed accidents and incidents records.
- Staff administered prescribed medicine to people safely and in a timely manner.
- People were protected from the risk of infection.
- People's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in this assessment.

- The provider trained staff to support people and meet their needs.
- Staff supported people to eat and drink enough to meet their needs.
- The provider worked with other external professionals to ensure people received effective care.
- Staff supported people to maintain good health.
- People's capacity to consent to their care and support was documented. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff supported people and showed an understanding of equality and diversity.
- People and their relatives were involved in the assessment, planning and review of their care.
- People were treated with dignity, and their privacy was respected.
- People were supported to be as independent in their care as possible.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives. However, People and their relatives gave us a mixed feedback about how complaints were managed.
- The provider had a policy and procedure to provide end-of-life support to people. However, people did not require end-of-life support at the time of the inspection.
- The director, the registered manager and staff worked well together and acted when things went wrong.
- People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed.
- The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding.
- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

Rating at last inspection: Good (Report published on 16 September 2016).

Why we inspected: This was a planned inspection based on the last inspection rating.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Bluebird Care (Bexley)

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors visited the service on the 11 March 2019. One inspector returned on 12 March 2019 to complete the inspection. Two assistant inspectors made phone calls to field staff and two experts by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Bluebird Care (Bexley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides a reablement service, personal care to adults and some of whom have dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager was often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 11 March 2019 and ended on 12 March 2019. We visited the office location on 11 and 12 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection: We looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information

about important events that the service is required to send us by law. Due to technical issues the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection:

- We spoke with the director, the registered manager and five office staff members.
- We looked at 18 people's care records, and 12 staff records.
- We also looked at records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, and policies and procedures.

After the inspection: We spoke with 12 people and seven relatives, and 12 members of field staff on the phone. We requested additional evidence to be sent to us. This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not always met.

### Staffing and recruitment

- People were not supported by effectively deployed staff. One person told us, "My evening meal can be quite late depending on what time they [staff] arrive. This can be at can be 9 or 10pm." Another person said, "I like the early call to be early but it can be 9am but I like it 6.30am." One relative commented, "Staff go in at 7am, 11am for lunch, it should be 12.30 to 2pm; they [staff] don't follow the care plan. The gaps are too short and then too long for my [loved one] to be left." Another relative said, "Timekeeping is not wonderful. We asked them for between 8am and 9am and they come at 7am. My [loved one] is just not ready for them at that time of the morning."
- Staff did not always attend people's care calls as per their preferred time.. For example, one person's care plan showed their scheduled visit was from 8am but they were visited from 10am; another person's visit was scheduled from 8am but were visited at 9.15am, and a third person's call was scheduled for 6pm but were visited at 7.15pm. There was no record to show that people had requested them to come late. One person told us, "I did say again about the lateness at weekends, but the office did not rectify." Another person said, "I have phoned the office about lateness and not knowing who is coming, I don't think they have enough staff."
- The director explained that when staff were running late for more than 15 minutes they followed up by calling people using the service and if required they arranged replacement staff. However, the provider's policy stated that when staff were running late people should be informed immediately; whereas, the service user guide given to people when they started using the service indicated that when staff were running late or early for 30 minutes they would be informed. There was no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits.
- ☐ People were not always supported in line with their care and support needs. Call records showed that on some occasions staff had not spent the full allocated time at people's homes. For example, one person had a scheduled call visit for 45 minutes but they were visited for 17 minutes, another person was visited for 21 minutes instead of 45 minutes. For a third person, staff visited for 11 minutes, instead of 30 minutes. There was no record to show people had asked staff to leave earlier than their scheduled visit times. As a result, it was not clear whether people had requested staff leave early or if staff were in a rush to complete their allocated tasks.
- Staff rostering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full time with people. Although, some people who received reablement service lived in the same building but in different flats. We found some staff calls were

roistered back to back with no travel time allowed and for others travel time allotted between calls to people was not sufficient," One member of staff told us, "They [office staff] give less time to travel from where I am for a visit. So, I'm always late."

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We confirmed through our discussions with people using the service there had been no missed calls to them.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel safe with the them [staff]." Another person said, "Yes, I feel safe with staff handling me and using the equipment." One relative commented, "Yes, [my loved one] is safe with them [staff] and I do feel confident." Another relative said, "Yes, my [loved one] is safe. I know them [staff] reasonably well and my [loved one] likes them."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff completed safeguarding training.
- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.
- The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.
- The registered manager implemented performance improvement plans for staff to make sure they used incidents as an opportunity for learning. □

Assessing risk, safety monitoring and management

- Staff completed risk assessments and risk management plans that included guidance for staff for every person who used the service. These included manual handling risks, oral care, eating and drinking and the home environment.
- Risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The registered manager monitored them to ensure any areas for improvement were identified and discussed with staff.

Using medicines safely

- Staff administered prescribed medicines to people safely and in a timely manner. One person told us, "They do give my medicines." One relative said, "Yes, [staff] takes my [loved one's] medicine out of the



blister pack and gives it to [loved one] and logs it on the medicine administration record (MAR)."

- The provider trained and assessed the competency of staff authorised to administer medicines. MARs were up to date and clear records kept of the medicines administered.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. Regular medicines checks were carried out by the senior staff and if areas of improvement were identified these were put into an action plan and discussed with staff.

#### Preventing and controlling infection

- People were protected from the risk of infection. One relative told us, "Yes, they [staff] do wear aprons and gloves, I see them in the bins."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure these could be met by the service. Staff carried out an initial assessment of each person's needs to see if the service was suitable to meet them. This looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "I have a special bed and a chair in the lounge. The physio trained them [staff] with the transfers and all the equipment bit, it's the way that they handle me that's good. I feel safe and comfortable with them." Another person said, "I think they [staff] are professional and seem well trained to me, they know what they are doing."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. The provider supported staff through regular supervision and onsite spot checks.
- Staff told us they felt supported and could approach the registered manager at any time for support.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] will make me whatever I want which is usually soup, for breakfast tea and toast and then I will choose what I want for my main meal, they will heat it up for me." Another person said, "They [staff] will always make sure I have a cup of tea before they leave and will ask if there is anything else."
- People's care plans included a section on their diet and nutritional needs.

- Staff told us people made choices about what food they wanted to eat and that they prepared those foods so people's preferences were met.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other external professionals to ensure people received effective care.
- We observed a member of staff sharing concerns regarding a person's declining mobility and the registered manager in response arranged to carry out a mobility assessment at the person's home and follow up with an occupational therapist referral.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans.
- People and their relatives, where relevant were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people and showed an understanding of equality and diversity. One person told us, "They [staff] treat me like a person who has feelings about having to be cared for."

- People's care plans included details about their ethnicity, preferred faith and culture.

- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the assessment, planning and review of their care.

- People told us they had been involved in making decisions about their care and support. One relative told us, "Yes, they [staff] are caring. They let my [loved one] choose what they want wear and yep, they do go at my [loved one's] pace." Another relative said, "Yes, they [staff] are caring and kind. They're good and speak with my [loved one]."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided personal care.

- People were supported to be as independent in their care as possible. One person told us, "They [staff] will encourage me to do things for myself and will wait outside if I'm okay, or they will help if I'm struggling, they always have the towels ready. They don't make me feel uncomfortable." Another person said, "When they [staff] are washing certain parts of my body they will cover up with a towel." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.

- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could manage to do for themselves.

- Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.

- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

- Staff told us they would discuss with the registered manager any changes they noticed when visiting people to ensure their changing needs were identified and met. Records we saw showed that care plans were up to date and reflected people's current needs.

- The registered manager told us they would update care plans with clear guidance for staff when people's needs changed.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. People and their relatives gave us a mixed feedback about how complaints were managed. One person told us "I have complained, their [office] response was satisfactory." Another relative said, "I've complained a couple of times and I give them five out of 10 for their responsiveness." A third relative commented, "They [office staff] are normally very nice in the office, but the issue about the unwanted early morning calls was not resolved."

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.

- The service had maintained a complaints log, which showed the registered manager had investigated and responded in a timely manner when concerns had been raised. We noted that most complaints related to call times and late visits.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. However, no-one using the service required end-of-life support at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Not all regulations were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider's quality assurance systems were not effective. The provider was not effectively monitoring people's calls to ensure that these were taking place as planned.
- The provider had not always monitored and analysed staff roistering, travel time between calls, short calls, early or late visits, so patterns could be identified and improvements made. We brought this to the attention of the Director and the registered manager. During the inspection, the provider developed an action plan to show how they planned to make improvements to monitor the calls and take immediate action to ensure people received home visits in line with their care plans.
- The local authority carried out a quality audit in January 2019 and made some recommendations for improvements. These related to areas such as staff records, care plans, accidents and incidents, complaints, and electronic call monitoring. Although, the provider prepared an action plan but it was not clear about the start and completion date of actions. Following our feedback, the provider revised the action plan showing the start and completion date of actions. However, we noted that these recommendations were still outstanding.
- We brought this to the attention of the Director and the registered manager. Following the inspection, the provider developed an action plan to commence implementation of the recommendations from 15 March 2019.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The director, the registered manager and staff worked as a good team. There was a clear staffing structure in place and staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them.

- There was a positive culture in the service, where people, their relatives and visiting professionals' opinions were sought to make service improvements.
- The director and the registered manager encouraged and empowered staff to be involved in service improvements through periodic meetings. Areas discussed at these meetings included internal auditing of care plan, risk assessment procedures, staff training, medicines management, staff supervision and spot checks, satisfaction surveys, and coordinating with health and social care professionals to ensure continuity of care.
- We observed staff were comfortable approaching the director and the registered manager and their conversations were professional and open.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. For example, some people's home visits had been rearranged to suit their preferences, and they were informed when staff were running late.
- Staff meetings were held to share learning and good practice so staff understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

Continuous learning and improving care

- The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding. As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were updated, staff refresher courses had been arranged, complaints were investigated and daily care records improved.
- The senior staff carried out spot checks of staff to ensure care was provided as planned.

Working in partnership with others

- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.
- Feedback from a social care professional stated that the provider continued to make improvements and had been cooperative with safeguarding investigations.

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 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems were not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  People were not supported by effectively deployed staff.