

K&T McCormack Ltd

Bluebird Care Redbridge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 8 December 2015 and was announced. The service met legal requirements at our last inspection in September 2013.

Bluebird Care Redbridge provides personal care to over 100 people in the London borough of Redbridge and in Essex. They provide a service for older adults, some of whom may be living with dementia or may have a physical disability.

There was a registered manager in place on the day of our visit. 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.

People told us they felt safe and trusted the staff who looked after them. Staff were aware of the procedures to follow to ensure that medicines were handled safely. Risks to people and the environment were regularly assessed by the care supervisors in order to protect people from avoidable harm.

Summary of findings

We found that there were robust recruitment checks that included the necessary disclosure and barring checks to ensure that staff were suitable to work in the health and social care environment.

The service ensured that there were enough staff available to cover for emergency absences and other leave in order to ensure that there were no missed visits.

People were supported by staff who were aware of the procedures in place to protect people from abuse. Staff were enabled to support people effectively by means of training, appraisal, regular spot checks and supervision.

Staff demonstrated an understanding of how they would obtain consent to care and an awareness of how the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards applied in practice.

People told us that they were treated with dignity and respect and that their wishes were respected. They were aware of how to make a complaint and thought that their complaint would be listened to and resolved by the registered manager.

People told us that they were supported to eat and drink sufficient amounts according to their tastes and preferences. Staff were aware of the procedures in place to refer people to other healthcare professionals when required.

The service had a positive culture that was open and inclusive. People and staff thought the management team including the directors were approachable.

Systems were in place to obtain and act on issues raised by people and staff quality checks were carried out by the managers in order to monitor and improve the quality of care delivered.

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 safe. People told us they felt safe and could trust staff. When allegations of abuse were made, action was taken in line with procedures to keep people safe. Staff understood how to recognise and report abuse.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured that appropriate checks were completed before staff were employed and allowed to work with people.

Medicines were handled safely. Risk assessments were in place for medicine management, people and the environment. Staff were aware of the procedures for handling incidents and medical emergencies.

Good



Is the service effective?

The service was effective. Staff were supported by effective induction training and appraisals process. Refresher training was frequent and mixture of theory and practical to ensure staff were competent to support people effectively.

Staff had some knowledge about the Mental Capacity Act 2005 and told us they would always seek consent from people before delivering care.

Good



Is the service caring?

The service was caring. People told us they were treated with dignity and respect and that they usually had the same staff for continuity of care.

Staff knew the people they cared for, were aware of their background and preferences, which enabled them to provide an individualised service.

Good



Is the service responsive?

The service was responsive. People told us they received personalised care that was responsive to their needs. Staff were aware of care plans and people's individual preferences and reported any changes in people's condition in a timely manner.

There was a complaints system in place which ensured complaints were investigated and responded to within defined timescales.

Good



Is the service well-led?

The service was well-led. People told us they could get through to the main office and confirmed staff rang to inform them if they were running late.

There were robust systems to monitor the quality of care delivered. This included obtaining feedback from people and staff and carrying out regular spot checks to ensure care delivered was appropriate.

There was an open and honest culture where staff and people were able to express their concerns without fear of discrimination.

Good



Bluebird Care Redbridge

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 8 December 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection team included two inspectors.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided.

During the inspection we visited one person's home with their consent. We observed how staff interacted with this person and a spot check being completed by a care supervisor. We spoke with 22 people who used the service over the telephone, nine relatives, the registered manager, the operations manager, a care supervisor, a team leader, six care staff and the recruitment coordinator. We looked at six people's care records, eight staff files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and reassured by staff that came to care for them. One person told us, "I trust them [staff]. They [staff] have been very honest and helpful." Another person said, "I feel safe, they [staff] know what they are doing." A relative said "My [relatives] are treated well, definitely safe." Another relative said, "I have no concerns at all about the care delivered. It's of a very high standard." People and their relatives thought staff delivered care safely.

The provider ensured people were protected from avoidable harm or abuse. Staff underwent training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff members told us they had attended safeguarding adults training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding and equality and diversity training. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. Therefore procedures were in place to protect people from abuse.

Staff were aware of the "Bullying" and "Whistle blowing" policies which they read as part of induction and told us they felt able to raise concerns without fear of discrimination.

People, staff and relatives told us there were enough staff to meet people's needs. One person said, "Have been well pleased with the service, turn up on time, at the agreed time, if they are running a little bit late they always apologise." There were no missed visits in the last six months and only a few of the visits were outside of the visit times. However, people said they always received a call if staff were running late. The service had a contingency plan to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out, so that only people deemed

suitable for working with people in their homes were employed. These checks included proof of identity, work history, references, disclosure and barring checks (checks made to ensure staff were suitable to work in health and social care and right to work in the UK).

Medicines were appropriately managed. Staff told us they received training on medicine administration. They were aware of the procedure to follow if a person was refusing medicine or if they found any medicine errors. A medicine assessment took place before staff members were deemed competent to administer medicines. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies. Medicine administration records in people's files located at the office, were completed fully with no gaps.

Staff were aware of the procedures to follow in an emergency in order to get help for people. They told us that the office would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from avoidable harm.

We saw that risks to people's home environment were assessed and updated when people's conditions changed or deteriorated. Environmental risk assessments were updated regularly. Safety checks were completed on hoist slings, pressure relieving mattresses and hoists to ensure they were working properly before use in order to ensure safe care was delivered. Other risks such as reduced mobility, falls, and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person to ensure that the necessary precautions were taken to minimise harm.

Is the service effective?

Our findings

People told us that staff were attentive and understood their needs. Good relationships between people and staff were evident as people told us they felt comfortable discussing their health needs with staff. One person said, “The staff are very good. They know what I want but always ask just in case I change my mind.” Another person said, “They [staff] are very helpful and really make me feel at ease.” A relative confirmed that staff were “very flexible and able to build a rapport with me and my partner.” Staff told us they would notify their supervisor if they noticed any changes in people’s care so that appropriate referrals would be made in order to improve people’s health and well-being. People were cared for by staff who understood their needs and were able to respond appropriately.

Staff told us they were supported by the management team and were enabled to continue learning. We found that most staff including office staff were either enrolled on a level two or a level three diploma in social care study program in order to encourage staff to gain more knowledge and understanding of the support needs of people they looked after. Senior management were trained or enrolled on a leadership and management course to enable them to effectively lead, coach and support staff in care delivery. The co-ordinators had completed “customer service qualifications” to enhance their interpersonal skills when handling calls from people and their relatives. On the day of the visit an assessor was working with staff who were currently studying for a diploma in social care qualification to ensure that they had the knowledge and skills required to support people effectively.

Staff told us they had received a comprehensive induction including shadowing more experienced staff until they were confident and assessed as competent to deliver care independently. Annual appraisals were carried out and up to date giving staff the opportunity to identify strengths and areas they wanted to develop. Supervision (discussions with staff to check how they were getting on in their role)

and spot checks were regular and used as an opportunity to reflect on practice. Staff told us that the supervisions and spot checks were completed in a supportive manner and that both positive and areas of development were highlighted to enable staff to improve people’s experience.

Staff training records showed the new Care Certificate standards were incorporated within the training and induction programme. Induction and refresher training consisted of classroom, practical, theoretical training and online DVD based e learning courses. Followed by a comprehensive training program which included but was not limited to food hygiene; health and safety; effective communication; infection control and equality and diversity. In addition support care supervisors had been introduced in the last 18 months to assist with support for new staff and people.

The Mental Capacity Act 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions made on their behalf are made in people’s best interests. Certain applications to restrict people’s liberty must be made to the Court of Protection but the operations manager told us that no one who used the service was currently subject to these arrangements. When we spoke with staff about this subject they told us that they had been provided with training on the Mental Capacity Act and they referred us to the policy documents they had been given. Staff told us they ensured that people consented to their care by asking them before they began to support them.

People were supported to maintain a healthy lifestyle where this was part of the care plan. People told us that staff supported them with their food shopping and assisted them with planning their menus. Staff members told us that they always encouraged people to eat and drink well and were aware of people’s likes and dislikes. They were aware of people on special diets such as diabetic and puree and could tell us the precautions they would take to ensure that people’s dietary requirements were met.

Is the service caring?

Our findings

People and their family members made positive comments about the staff. They had built a very good rapport with staff and spoke fondly of the staff who cared for them. They described staff as caring, approachable and kind. One person said, “I am very happy with the carers [staff] who come, they are very good, they are polite and helpful.” Another person said, “The regular carers are polite, there have been a few hiccups with replacements but on the whole I’m very, very happy.” Relatives told us that the staff approach was “impeccable” and “flawless”.

People told us they were treated with dignity and respect and that their wishes were respected. Staff we spoke with demonstrated empathy towards people’s needs. They had received training about how to maintain people’s dignity during any interaction. Staff said, when supporting someone to wash they did not undress them completely, but covered them up with a towel to promote their dignity. Staff also told us they spoke to people during personal care in order to put them at ease. Where possible they gave people personal space by leaving the room if it was safe to do so while people used the commode or the bathroom.

Staff talked about the need to remember they were working in people’s own homes and were mindful of the use and storage of documentation to ensure people’s records were kept safely and their confidentiality maintained.

Feedback highlighted the caring approach the staff had and the positive relationships staff had established to enable people’s needs to be met. We saw several messages of thanks from people or their families, including commendations for individual staff members. Comments included “[Staff] is thoughtful and very respectful” and “Very caring and compassionate.” People felt they mattered, as staff listened and spoke to them in a way they could understand. A person told us, “Very polite, lovely people [staff], never had to make a complaint, how can you complain about perfect care.”

Staff told us they reported any worries or concerns no matter how small they appeared to be and this information was used to identify additional needs. For example a staff member reported that during conversation with a person

they mentioned the neighbour who usually assists with collecting medicine had been unwell recently. This was reported to the office who then arranged for a local pharmacy to deliver the medicine to the person weekly.

Staff were able to tell us how they supported people living with dementia, people who may be confused and people who spoke other languages. They described how they used verbal and non-verbal cues to communicate with people. In addition, staff contributed to making care plans more specific to people’s needs including prompts where required, to enable staff to know what people’s actions meant so they could support them effectively. For example one support plan read, “If I feel I am not dry or clean I will scream.” Another read “please be very gentle when applying cream. There were fact sheets about people’s conditions in their care plan to enable staff to better understand their needs. In addition there was a dementia champion within the service who had planned to deliver dementia care training to staff and relatives, to enable them to effectively support people who are living with dementia.

Staff spoke about the people they supported with fondness and displayed pride in people’s achievements. They spoke about people positively and focused on their strengths and the importance of letting people stay in their own home for as long as it was their wish and it was safe to do so.

Staff recognised that support could also impact upon the family and friends of people who used the service. They gave us examples of how they had worked with relatives to come up with a package that suited people. For example, a person’s agitation had been reduced by increasing the length of visit times and rotating regular staff to enable the person to build a rapport with staff. Similarly where language barriers existed staff told us they worked with relatives to develop a comprehensive communication care plan highlighting what different words gestures and sounds meant to enable staff to communicate and support people from other cultures. Staff also mentioned that sometimes they would get the office to get in contact with social services if they saw any indication that people’s main carers may need a break.

People who used the service were provided with a copy of the service user guide which held detailed information about the services offered. A relative said, “Would know who to contact and how to make a complaint, I’m always in touch with the office, they are very accommodating when I

Is the service caring?

call them with time changes or things I want them to do.”
Care plans also held clear details of the services which had

been requested and agreed. This meant that people who used the service, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Is the service responsive?

Our findings

Care was delivered so that each person received a reliable bespoke service from staff who knew and understood their needs. Before people started to use the service an assessment was made by listening to people and their relatives in order to find out their needs and expectations. Information was also gathered from the multidisciplinary teams involved in people's care and treatment. A care plan tailored to people's individual social, emotional and physical needs was developed using information gathered about their preferences, choices and how they would like the service to be delivered. For example, visit times were matched in a way that did not interfere with people's regular activities. Where required, people were supported to continue to follow their interests, for example, taking people swimming to promote and maintain a healthy lifestyle. This ensured that people continued to partake in social activities of their choice.

Care plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant professionals. Staff members reported that when people's needs increased they would alert the care supervisor who would request extra support from the commissioning authority in order to meet the increased support needs. We also saw evidence that requests to change visit times and last minute visit cancellations were honoured allowing people the flexibility to adjust their visit times to suit their current schedules. People were sent out an "arrangements for christmas form" to ensure people confirmed when they would be needing services over Christmas or any changes to visit times. These were followed up with a telephone call to confirm information and to ensure people were happy. In addition the office opened seven days a week and an on call service was available out of hours to provide support to both people and staff.

People told us they were looked after by the same staff most of the time for continuity of care. A person said, "I think it is a very good service, I say that because they sent

me the same two carers over a period of three years (give or take some times in between), that is really important to me, the consistency of the same carers". We saw staff weekly rotas showed staff delivered care mostly to the same people. The registered manager, co-ordinators and support care supervisors reviewed rotas to ensure continuity of care and informed people of any changes in planned rotas. People and staff told us that the roster for the following week's calls was sent to people printed or via email if requested. People confirmed that they did receive a telephone call if staff were running late. In addition regular computer based system checks were made to ensure that information relating to shift availability and people's need was readily available to enable the care co-ordinator to respond and plan for new care packages.

Feedback was collected from people via phone and during visits. One person said, "Yes they regularly phone to check, about every one to two months which is often enough for me. And they are always checking that I am happy with the carers [staff]." A recent "customer survey" indicated that some people felt anxious when staff were running late. A full analysis was being completed including: punctuality; reasons for lateness and measures to be implemented in response to this. Regular contact with people and staff allowed all the opportunity to discuss any issues, in turn enabling Bluebird Redbridge to adjust the care plans or training needs quickly ensuring people's needs were met.

People were aware of how to make a complaint. When their care package began, they were given a "customer guide", which outlined how the service operates and how to make a comment or complaint. When asked if they had ever needed to make a complaint people replied "No, never always been very good, would call the office if I needed to speak to someone." And "Would definitely recommend the service, I have absolutely no complaints, brilliant service." We reviewed recent complaints and found they were acknowledged, investigated and responded to within timeframes outlined in the company's policy. Therefore people were supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Our findings

People told us that the service was well managed and that the quality of service they received was monitored via telephone and in person to ensure the care provided was meeting their expectations. One person when asked about the quality of the service and if they would recommend it said, “Yes definitely, in fact I have recommended it already to people.” Whilst another said “Yes, I would recommend to someone else if they needed the same service”. A relative told us they felt, “The agency is proactive” and was confident in picking up the phone and letting them know if something was not right. People and staff told us the service was well-run and that any issues they took to management were listened to and acted upon.

Staff were aware of the values and vision of the organisation which included “providing the highest quality of care, treating our customers with dignity and respect, ensuring we arrive on time and do not miss any visits.” People we spoke with confirmed that staff displayed these values during care delivery. One person commented, “I have never been left waiting for carers [staff] wondering if they are coming or not. The carers always stay for the agreed time and carry out the agreed tasks.” Another relative said, “[Staff] are brilliant, turn up on time, never late, never miss a call, on the odd occasion that they may be running late they phone to say.”

Staff told us they were supported by the directors, the operations manager and the care manager. There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager notified us of all incidents that they were required by law. On call management cover was available out of hours and enabled care packages to be accepted at

weekends. We saw and were told by staff that senior management had an open door policy where all staff were encouraged to contact them at any time. Staff thought there was an open, honest supporting culture where learning was encouraged among staff. They felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience.

People and staff told us they were asked for feedback on how the quality of the service could be improved. We found bi-annual “customer questionnaires” on the quality of service delivery and care practice. Feedback and service improvement recommendations were evaluated and where service improvement gaps were identified, positive changes were made to fully address these areas. An annual staff questionnaire was completed anonymously to gain general feedback regarding the working environment and terms and conditions. A previous staff questionnaire resulted in the pay structure being reviewed and a welcome pay increase for staff who had successfully completed probation and signed up for further training and development.

There were robust quality assurance systems in place. These included reviews of care, observations of staff during spot checks and quality monitoring of all documents. Regular training updates and refresher training were all documented on an electronic system which alerted managers by automatically flagging up the next due training dates for staff. In addition, by working alongside staff on occasional double up calls, the operations manager monitored how staff members interacted with people and gathered people’s views about care being delivered by that particular member of staff.