KLEJ Ltd

Bluebird Care (Barnet)

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?	Requires improvement

Overall summary

This inspection took place on 28 April 2015 and 5 May 2015. It was unannounced.

Bluebird Care (Barnet) is a domiciliary care agency registered to provide personal care to people living in their own homes. The registered provider is KLEJ Limited. Referrals to the service come from various sources including the Clinical Commissioning Group (CCG), private and social services. At the time of our inspection approximately 120 people were receiving a personal care service, and the agency employed approximately 100 staff members including 20 live-in care workers. The service was registered at its current location on 11 February 2015.

The service did not have a registered manager however an application had been made to register a manager who was in post at the time of the inspection. 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 and associated Regulations about how the service is run.

We found that people were kept safe and free from harm with risk assessments in place to address relevant issues. There were enough staff employed to meet people's needs and to provide a flexible service. Systems were in

Summary of findings

place to ensure that the Mental Capacity Act 2005 was followed with people's consent recorded as appropriate. Staff training in this area was being rolled out to all of the team.

Staff received regular training and were knowledgeable about their roles and responsibilities, and they received regular supervision and support.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided.

People were supported to eat and drink, and to attend health care appointments. Systems were in place for staff to administer their prescribed medicines safely, although there was room for improvement in the implementation of the new medicine records audits.

People told us that the management were accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people.

At this inspection there were no breaches of regulations, but one recommendation has been made regarding the recording and monitoring of concerns and incidents.

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?

Good

The service was safe. There were arrangements to protect people from the risk of abuse.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents and changes in people's needs.

There were appropriate recruitment procedures in place and enough staff to meet the needs of people who used the service.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Is the service effective?

Good

The service was effective. Training in the requirements of the Mental Capacity Act 2005 was being rolled out to the staff team.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported to eat and drink according to their plan of care. Staff supported people to access health care appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. People who used the service spoke highly of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received.

Is the service responsive?

Good

The service was responsive to people. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

No formal complaints had been received but people who used the service and their relatives felt that the staff and manager were approachable and took action to address their changing needs, or any concerns they had.

Is the service well-led?

Requires improvement

The service was not always well-led. There was clear communication within the staff team and staff felt comfortable discussing any concerns they had with the management.

Summary of findings

Regular checks were undertaken of the quality of the service provided, however there was room for improvement in the auditing of medicines documentation, and recording of concerns and incident monitoring.

Bluebird Care (Barnet)

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.

Before the inspection visit we reviewed the information we held about the service, such as any information from members of the public, and notifications from the provider.

The inspection of Bluebird Care (Barnet) took place on 28 April 2014 and was unannounced. This visit was carried out by one inspector. We also carried out visits to three people using the service on 5 May 2015, and the inspector and an expert by experience spoke with people using the service and staff by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Overall we spoke with ten people using the service, twelve relatives, and seven care staff, three care coordinators and three supervisors. We also met with the director, manager and deputy manager during the office visit, and spoke with a health care professional who supported people using the service.

We reviewed the care records of fourteen people that used the service, twelve staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

The people we spoke with told us that they felt safe with the care workers supporting them. People's relatives said that the service kept their relatives safe and took action to address any concerns about missed calls. One person said that on one occasion their care worker called in sick, and the office manager attended instead. They told us, "I was quite happy with that."

Although this was the first inspection of this service under its current registration, previously there had been concerns about the risk of unsafe administration of medicines for people who use the service. The service provided an action plan detailing how they would address the issues raised.

During the current inspection we found that actions detailed in the plan had been completed. Care workers that had medication record keeping errors identified were given medicines refresher training. A new medicines quality assurance tool and medicines administration record (MAR) audit record had been implemented. Supervisors were carrying out MAR audits approximately weekly and monthly spot checks of care worker medicines competencies. The topic of medicines was raised at recent team meetings, and customer medicines support plans including risk assessments and control measures were put in place. New 'Customer Body Map' templates were being used to record the site of administration of any creams/lotions or medicine patches which need to be applied.

People confirmed that their medicines were given promptly and safely. The agency had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines. Staff administering medicines were aware of their responsibilities to ensure that they completed the medicine administration charts and the communication log after they had administered the medicines. A new system for recording medicines administered electronically was being rolled out. We did find that there were still some gaps in the records of medicines administered, however people using the service, and their relatives confirmed that these were errors in recording and not in administration. There was also room for improvement in the recording of actual times that painkillers were administered, to ensure that these were not given too frequently. We passed this on to the service's management who advised that this would be addressed without delay.

The staff we spoke with told us they had received safeguarding adults training. A safeguarding policy was available and staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures, and the service's whistleblowing policy. Where staff worked with children, they had also undertaken safeguarding children training as appropriate. All of the staff we spoke with told us they would report any concerns they had to the management. Appropriate records were maintained of any financial transactions undertaken on behalf of people using the service, with receipts kept to evidence all purchases.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff we spoke with were aware of the contents of these. They contained information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home including the use of mobility equipment such as hoists.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person had recently been increased as their mobility needs had changed. We confirmed this by examining the record of staff support provided to this person.

On rare occasions when relatives expressed concerns that staff had missed agreed appointment times, action was taken to ensure that this did not happen again. If staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Applicants attended an interview to assess their suitability and records were maintained of these. All staff were required to complete an induction programme including shadowing which was in line with the common induction standards published by Skills for Care. The

Good

Is the service safe?

staffing records we looked at showed that the length of each staff member's induction training was tailored to reflect previous experience of working in health and social care settings.

We looked at recruitment files of four recently recruited staff members, and found that these contained evidence of appropriate recruitment procedures. Records included application forms, criminal record checks, identity checks and two written references which had been verified. New staff confirmed that they had been through the recruitment checks, and had received induction training and had the opportunity to shadow other staff until they were confident in their role.

Good

Is the service effective?

Our findings

People told us that they felt the staff were appropriately skilled and knowledgeable. People using the service and their relatives told us, that if new staff attended they "shadowed a regular member of staff." One relative told us "The carers are good at their job, keep to the care plan and perform their duties to a high standard." One person's relatives were concerned that some care workers were not completely confident in using the hoist. This was raised with the agency office, and action was being taken to address this. Another relative told us "They are very competent in using the hoist."

One of the supervisors was designated as the service's trainer, and provided the majority of training for the staff team. Records of the staff team's training showed that all staff completed the provider's induction training. Mandatory training was then completed including first aid, food safety, moving and handling, health and safety, record keeping, dementia care and person centred care. Relevant staff were also provided with training in PEG feeding (feeding directly into the stomach), end of life care and other relevant training. Refresher training was then provided approximately annually.

In addition to the mandatory training staff were encouraged and supported to complete training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs. We spoke with staff who were working towards level 2, 3 and 5 QCF qualifications, and they spoke positively about the support provided by the service in supporting their learning needs.

Staff were knowledgeable regarding their roles and responsibilities and the particular

needs of people who used the service. They informed us that they had been provided with

a period of induction and worked alongside other staff to learn how best to support people before supporting them independently.

The staff we spoke with told us they had regular supervisions and appraisals. These processes gave staff an opportunity to discuss their performance and identify any further training they required. They were positive about the standard of training provided. The manager told us that staff were matched to the people they supported according to the needs of the person, to ensure that they had the skills and training needed (such as providing care to a child or a person with a PEG).

Records of supervision and appraisals showed that people were provided with regular individual sessions during which client/care worker issues, training, goals, and personal issues were considered. The service aimed to provide staff with weekly supervision during their first twelve weeks of work, and monthly after this, and we saw records to confirm that this was happening. Regular spot checks were also carried out to observe staff working with people using the service and we saw records to confirm this.

Staff told us that they experienced effective teamwork and clear communication, and appreciated the support provided to them by the management and other benefits including paid travel time, health care cover and vitamins provided. One staff member spoke positively about the support they received compared to another agency that they had worked for, saying "They actually listen."

Some staff had undertaken training in the Mental Capacity Act 2005 (MCA) and this was being rolled out to the full staff team. The agency's care records reflected the need to obtain consent from people, or make decisions in their best interests. Staff had some knowledge about how people's rights were protected under the MCA, when they were unable to consent to decisions about their care.

People were supported to access food and drink of their choice and staff were aware of safe food handling practices. Records demonstrated that people were supported to ensure that they had enough to eat and drink during visits, and where needed this was monitored.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Good

Is the service effective?

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from a health care professional who provided support to some of the people using the service.

Good

Is the service caring?

Our findings

People who used the service were happy with the staff supporting them. Relatives said, “The carers are always courteous and kind,” “The carers engage with [the person]” “They will call me up if they are running late,” and “They are always respectful, that is very important.” People were happy with the support provided by office staff, they told us, “The office staff are very helpful,” “It’s all been good,” “They are very quick to deal with any issues,” and “The office staff always have a chat on the phone.”

People told us that their privacy and dignity were respectedby care staff. One relative said “Carers are kind and caring, they take their work seriously and treat my [relative] with dignity and respect.” Another relative said that care workers displayed good patience, compassion and a gentle approach which their relative needed. People received care from the same care workers, as far as possible. The agency had introduced a system of having three allocated care workers to each person, so that when cover was required due to sickness or leave the person knew the replacement staff member coming to support them.

People gave positive feedback about live-in care workers provided, noting that it could be difficult to find the right person to support someone on an ongoing basis, but that the agency attempted to meet their preferences as far as possible. One relative of a person who had a live-in care worker told us that they understood their relative’s “needs, likes and dislikes, and both are very happy.” People said that care workers were usually punctual and wore uniforms. They were provided with a weekly rota of staff who would be attending, although some people said that these could change quite frequently at short notice.

People using the service and their relatives told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. One person told us “I get on fine with the carers. They know I expect a high standard of care and I get it.” The staff we spoke with told us they tried to help people who used the service to remain as independent as possible.

The agency had a policy on ensuring equality and valuing diversity. Staff we spoke with said that this was covered during their induction training. The routines, preferences and choices of people were recorded in their care records, for example where a person had particular dietary requirements. People who used the service said that care staff understood their needs and their preferences. One relative said “sometimes there is confusion because of the language barrier but our main carer speaks fluent English.”

One relative was unhappy that the service was unable to provide a particular live-in care worker who spoke their relative’s language. We discussed this issue with the management, and they demonstrated that they were making efforts to recruit a care worker who spoke this person’s language.

Good

Is the service responsive?

Our findings

People were happy with the way the service responded to their changing needs. One person told us, "I value my carers, they do a good job," and another person told us "The group of three works well, everything is running so smoothly." Where there had been problems, people said that the office staff were effective at bringing about improvements. One relative told us "There have been some issues with the rotas but these are gradually being ironed out."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. Care staff we spoke with informed us that they had enough travel time and could get to people on time. They said that they were given essential information about people who used the service so that they could provide appropriate care for them.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that one person's care plan had been updated to reflect a recent change in their needs and the number of staff supporting them. Staff told us that the office staff kept them fully informed about the changes and the support required.

Assessments included information regarding past and present medical history, the cultural and religious background of people, risk assessments including those associated with medical conditions and people's disabilities. Care plans had been signed by some people using the service or their relatives to confirm that they had been consulted about the contents. People told us that the supervisors reviewed their care in consultation with them to ensure that their changing needs were noted. Care reviews took place at least every year, but more often when changes had occurred, for example when someone's mobility needs had increased.

People had a copy of their care plan in their homes and daily care records were being completed by staff including medicines given, food choices and the person's mood. People told us that the care plans were being followed by staff, and were updated regularly. Care records also included a copy of the service user guide and complaints procedure. One person requested further detail to be included in their relative's care plan regarding management of risks in moving and handling, and we passed this information on to the office staff who agreed to address this. Another person noted that times of care provision were not always recorded accurately. The office advised that this would be addressed by the new digital recording system that they were rolling out.

The people we spoke with all told us that a supervisor visited them regularly to check they were happy and they felt that the service responded to any issues that they raised. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns. Some people and their relatives told us that there had been a significant turnover of staff at one time, but this has now stabilised and they were happy to be having more regular care workers. Two people told us that sometimes the office staff failed to notify them if their care worker was going to be late.

The people we spoke with all told us they would contact the office if they had a complaint, and most felt that these were addressed appropriately. The service had implemented a policy whereby care workers were fined if they missed a call without sufficient notice. One relative told us that when they had complained about a particular care worker, the agency had taken steps to ensure that they did not send them this staff member again. A relative of a person who had a live-in care worker was extremely satisfied with the service. They told us that the first live-in care worker provided did not suit as they were not compatible with their relative. However a suitable replacement was found and "they get on incredibly well." They also noted that the relief care worker provided was very good and "fills the gap well." Another relative told us that they had explained their relative's needs for particular attributes in care workers and, "It seems to be working well and I have only had to turn down one carer in three years."

One relative who had had concerns about the service some months previously told us, "There is the odd hiccup, but generally they are very reliable and responsible, and ring me if something is not right." However another person's relative felt that although some improvements in communication and punctuality, the service did not always listen to their concerns.

Good

Is the service responsive?

We looked at records of complaints and compliments in the agency office. The last recorded complaint was received in March 2014. A health care professional told us that the service was very good at reporting any concerns or issues, and proactive at contacting health care professionals when needed. They noted some improvements that had taken place over the last year including better telephone answering protocols.

Requires improvement

Is the service well-led?

Our findings

People were positive about the way the service was run, and four people told us that in comparison to other care providers that they had used previously, they were very pleased with the service provided by Bluebird Care (Barnet). One person said, "I am extremely pleased with the company, although I have only used them for a short time." Another person said "I don't know how they manage to provide such a good service." Three relatives said that the service had learned from previous issues and had improved. One relative told us "I would give this company 150%, there has been a lot of improvement recently." Three relatives said that there was still room for improvement particularly in communication from the office.

A new manager had been appointed to the office, and we were told that they would be applying to register with the CQC as required. The deputy manager for the office was also in the process of registering with CQC. An on-call rota was in place amongst office staff, so that all non-office hours were covered.

The staff we spoke with all said they were able to contact the management if they had any concerns. All staff confirmed that they received regular supervision, and most had attended a recent staff meeting. Staff told us that they received regular support and advice from the office staff via phone calls, and in face to face meetings, and felt they were available if they had any concerns. Office staff were happy with the new location, and told us that the office facilities were far better than before. New areas of responsibility had been drawn up for supervisors, including a separate supervisor for live in care workers, and set geographical areas of responsibility for other supervisors. We also observed that there was improved recording of all contact with people using the service.

We saw records of recent staff meetings, of small groups of care staff at a time, and office staff meetings. Issues discussed included medicines administration and recording, a new digital system for recording care provided and training.

The management monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also carried out regular spot checks to review the quality of the service provided in people's homes. This included arriving at times when the staff were there to observe the standard of care provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were completed appropriately.

Records were also available of regular home visits to check on people's satisfaction with the service. Issues identified from these sources were discussed with individual staff members during supervision, for example changes in manual handling practices.

The quality manager from the agency's franchise head office carried out a full quality audit in December 2014 and an action plan was provided to address issues raised.

Regular internal audits were carried out regarding records for people using the service and staff. Care record audits included, care plans, risk assessments, financial and medicines documentation. Approximately five people's care records, and five staff records were audited. New medicines administration and daily record sheet audits were included in each person's file. However we were concerned to find significant gaps in people's recent records of medicines administration despite this, and it was not evident that these had been picked up from the audits undertaken. Whilst discussion with people using the service and their relatives assured us that the medicines had been administered as required, there was clearly still a recording issue with regard to medicines administered.

No complaints, incidents or accidents were recorded for the service within the last year, although we were made aware of some situations which may have warranted an incident or complaint report, such as a missed visit and a potentially serious incident relating to a person's mental health. However discussion with staff and people using the service indicated that these incidents were addressed appropriately.

We saw records of the most recent satisfaction survey questionnaires approximately six months previously. These were generally positive, with some comments about improvements suggested with regard to rotas and communication from the office. There was no record of the feedback provided to people who had completed the surveys, or an action plan as to how these issues would be addressed.

Requires improvement

Is the service well-led?

We recommend that the classification and recording of complaints and incidents within the service be reviewed to ensure transparency and that wider learning can easily take place from all significant events.