

BenJeMax Limited

# Bluebird Care Bromley

## 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 ●

# Summary of findings

## Overall summary

About the service: Bluebird Care Bromley provides personal care and a range of different support services to adults living in their own homes. Not everyone using Bluebird Care Bromley receives a regulated activity. CQC only inspects the service being received by people provided with personal care; that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 103 people were using the service who needed assistance with their personal care.

People's experience of using this service:

People and their relatives all told us they felt safe and well cared for. Staff understood how to keep people safe and protect them from avoidable harm. Risks to people in relation to their care and the environment were identified assessed and monitored. There were processes in place for the safe administration of medicines. People and family members told us staff arrived on time and they saw the same regular staff. There were effective recruitment and selection procedures in place with relevant checks made before the provider employed new staff.

We found some improvement was needed to the provider's quality assurance system as it was not always effective at identifying issues. Some records were not always consistently accurate or up to date and this had not been identified by the auditing system. The provider's electronic system supported the quality monitoring of the service. The registered manager told us further improvements were being made to the system to help identify learning. The service sought feedback from people and their relatives via its website, phone contact and an annual survey to identify any improvements needed. The management team had developed positive relationships with other services.

Most people and their relatives were positive about the management of the service. Some people and some family members told us staff provided an excellent service. Two people and two relatives told us they had found communication from the office was not always reliable and that some newer staff were not always confident about their roles. We saw newer staff were supported by a buddy senior care worker and a field supervisor.

There were some very good aspects to service delivery. The provider assisted the continuity of care through a range of provision to support staff such as pool cars and additional floating staff. Information events were organised in partnership with other agencies to offer relevant information and a free Christmas social event was held to reduce isolation.

Assessments of people's care and support needs were carried out when they started to use the service. People were supported to eat and drink healthily and were supported to make their own meals, where possible. Staff received training and support to meet people's needs. The registered manager supported staff development and staff were offered a range of additional training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service support this practice.

People and their relatives told us they were consulted about their care and support needs. They said staff respected their dignity and privacy and were kind and caring. They were encouraged by staff to be as independent as possible. Relatives who accessed the provider's software system to check the care provided, told us they found this reassuring and helpful.

Staff received training in relation to people's protected characteristics to identify any areas where people may need support. Care plans were reflective of people's likes, dislikes and preferences about the care they received.

Staff received training on end of life care and end of life care and support could be provided to people when required. People and their relatives knew how to make a complaint if they were unhappy with the service.

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

Rating at last inspection: Good (report published 31 October 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence 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.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Bluebird Care Bromley

## **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:** This inspection was carried out by a single inspector and supported by two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Bluebird Care Bromley is a domiciliary care agency and provides personal care and support as well as a number of other services to adults living in their own homes.

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 because we needed to be sure the registered manager would be available and that we could arrange to visit some people. We asked the provider to request permission from people and their relatives to visit or to speak with them about their experiences of using the service.

The inspection site office visit activity took place on the 11 April and we returned on the 16 April to complete the inspection.

**What we did:** Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to ask for their views. We used this information to plan our inspection.

During the inspection we visited six people who used the service and their relatives, where applicable, on 12 April 2019 to ask for their views about the service. The experts by experience spoke with six people and 17 relatives of people using the service by phone. During our office visit we spoke with six care workers, three care service managers, three field supervisors, the community liaison manager and a care coordinator. We spoke with the registered manager and two directors of the service.

We reviewed a range of records. This included eight care plans and three staff recruitment and training records. We also reviewed records used to manage the service for example monitoring records, audits and meeting minutes.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People and their relatives told us possible risks in relation to their health and well-being were assessed and monitored. These included risks in relation to moving and positioning and skin integrity risks. There was guidance within people's care plans, to manage risks and risks were reviewed regularly. The service was in regular contact with health professionals or relatives in relation to known risks. A relative told us staff were, "very knowledgeable" in relation to a more complex health need.
- The provider used an electronic monitoring and care plan system. This was backed up with the availability of paper records in people's homes in case of any issue with the staff phone and IT system.
- Environmental risks for people and staff such as fire risks were assessed and where equipment was in use the service dates and who was responsible for servicing was recorded to ensure equipment was routinely checked.
- Staff were aware of the importance of good health and safety practice and they had received first aid and health and safety training.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People all told us they were protected from the risk of abuse, neglect, bullying or discrimination. One person commented; "I don't think I could be better looked after. I feel perfectly safe." Another person said, "It's wonderful, I feel very safe. I trust them absolutely."
- Staff received training on safeguarding vulnerable adults. They knew how to recognise possible signs of abuse and how and where to report any concerns. The service had raised safeguarding concerns to the local authority where this was appropriate.
- There was a process for protecting people's finances where this was required as part of their support.
- The registered manager had organised an information session with the local police in 2018 to advise people and their relatives of the dangers of scams and how to protect themselves better.
- A system was in place to record accidents and incidents and any safeguarding issues and investigations were carried out when required. These were monitored by the registered manager to check for any actions needed and reviewed for any learning to share amongst staff to improve the service. We tracked two incidents and found they had been acted on appropriately and learning for staff had been identified and shared.

### Staffing and recruitment

- Effective recruitment checks were in place to reduce the risk of employing unsuitable staff. Records showed the full range of appropriate checks were made on new applicants before they started work. Staff vehicle documents were checked routinely where they were used as part of their role to ensure people's safety.

- The provider had introduced some character testing to understand more clearly applicants' reasons for applying and to assist in more detailed matching of staff with people using the service. Interview assessment records also showed that the provider had assessed the suitability of staff they employed.
- There were enough staff to meet the needs of the people the service supported. People and their relatives told us overall their calls were punctual, and, that staff stayed the full length of the call. One person commented, "They come on time, it's rare for them to be late." The service had a number of additional floating staff on duty who could cover for any sickness or emergencies.
- We checked the staff rota for the week and saw that all calls were allocated, and that staff had time to travel between calls. Staff confirmed that they had enough time to carry out the support people needed.
- The provider's electronic monitoring system enabled office staff to identify staffing capacity across the service as well as flagging any issues with late or missed calls as these occurred throughout the day. This enabled office staff to respond promptly to ensure calls were covered if a staff member was running late due to traffic or an emergency with a previous call.

#### Using medicines safely

- Not everyone using the service was supported with their medicines but where they were people and their relatives told us that medicines were administered as prescribed. Where people were supported with medicines this was clearly identified in their care plans with the list of prescribed medicines, their purpose and possible side effects to provide guidance for staff. One person told us, "I have learned from them about medicines and what is safe to do."
- The provider's monitoring system raised alerts to office staff if there were any issues in relation to the administration of medicines, which meant these could be responded to quickly and resolved. The registered manager and office staff told us this had considerably reduced the number of medicines errors.
- Where medicines were needed at a specific time an alert was set up to remind staff.
- Staff received medicines training and their competency was assessed regularly to ensure they remained sufficiently knowledgeable to administer medicines safely.

#### Preventing and controlling infection.

- People and their relatives told us that staff used personal protective equipment (PPE) to reduce the risk of spreading infection. One person commented, "They are very tidy and clean and always use PPE when they help with personal care."
- Staff had completed infection control and food hygiene training and we observed they followed safe infection control practices whilst handling food. They told us the service ensured a good supply of protective equipment was available.



# 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

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

- Office staff carried out an assessment of the support people required before they started to use the service. The assessments covered areas such as their communication and care needs, medicines, eating and drinking and mobility. They also included information from family members and health professionals where relevant. A relative commented, "They generally want to give you what you need. They listen and ask questions."
- Office staff told us they would ask people and their relatives for any additional information if they felt this was needed.
- The registered manager told us introductory visits from care workers to people could be arranged if this was requested.

Staff support: induction, training, skills and experience

- Overall people and their relatives said staff had appropriate knowledge and skills to meet their needs. One person said, "They come in and get on with it, I don't have to tell them they just know." Two relatives said that some newer or unfamiliar staff were not always confident in their role. We raised this with the registered manager who told us all new staff received a thorough induction and they would address any concerns raised with them.
- New staff had a period of shadowing senior staff and training in line with the Care Certificate. This is the recognised training framework for staff new to health and social care. New staff also had a probationary period with weekly supervision to ensure they were monitored and well supported in their role. New staff said their progress was discussed with them, the experienced staff they shadowed, and the office. Full agreement was reached between them before they started to work alone. A new staff member told us, "I love my job. I've settled in really well and everyone is really supportive and helpful."
- Training was provided for care workers in relation to people's specific needs such as dementia, epilepsy or end of life care. Refresher training was provided across a range of topics and this was monitored through the software system which flagged when this was due. A staff member said, "There is lots of training available. We are actively encouraged. I am interested in mental health, so I will be doing some training on that."
- The registered manager and provider positively encouraged staff development through a wider range of training and qualifications in health and social care which were made available to all staff.
- Staff all said they were well supported through regular supervision and annual appraisals.

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

- People's dietary needs were assessed before they joined the scheme and any risks such as allergies or dietary requirements were identified and included in their care plan.
- People's care plans were updated to reflect any changes in health professional guidance. One person's

care plan had been updated to reflect a recent change in the speech and language therapists (SALT) guidance, but we found the update had not been made consistently throughout the care plan. However, the guidance from SALT was displayed and accessible in the person's home to remind staff of the current plan of care. A copy was also kept in the care records. This care plan was amended and sent to us immediately following the inspection.

- People told us they were consulted and involved in choosing the food and drink they wanted and their preferences were respected. They were encouraged to eat as healthily and independently as possible.
- Staff told us that although they were not supporting anyone from a different culture in relation to their nutritional needs at this time, people's cultural needs in respect of any food choices could be supported.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support.

- People told us they were supported effectively by office staff in relation to health care matters where this was appropriate. A relative commented on the office staff; "Sorted out the district nurse appointments and the medicines. They spotted when [my family member] had an infection."
- Records showed that staff liaised effectively with a range of health professionals and with other agencies such as other domiciliary care providers to ensure people's needs were consistently met.
- People told us that when they had been unwell the staff had either notified the GP or their families where appropriate or the emergency services if needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People and their relatives told us staff sought consent to support people. A relative told us, "They always ask if this is how to you would like it."
- Where there was a question in relation to someone's capacity to make a decision, mental capacity assessments would be completed and if necessary a best interest meeting would be held. The service was in the process of organising a best interest meeting for one person with relevant family members in relation to a specific decision at the time of the inspection.
- Staff told us that they sought consent from people before they carried out personal care. They said most people they supported had capacity to make decisions about their own care and treatment. If they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant healthcare professionals to ensure appropriate capacity assessments were undertaken.

# 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

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

- People and their relatives were positive about the care they received. People told us they enjoyed having support from a small group of staff who got to know them well. Office staff said they tried to match people to staff with similar interests or experiences where possible.
- People and their relatives told us staff were kind and caring and that they were well supported. Some people and their relatives were highly complimentary of the service provided. One person said; "They are wonderful, so kind, If I didn't have them, I wouldn't lead a life."
- A relative remarked, "They have a lovely caring manner and [my family member] speaks very highly of them. They are nice and chatty with [my family member]. They do extra things like changed the clocks when they went forward, they throw away out of date food. They do an excellent job, more than expected."
- Feedback on the provider's website from people and relatives which was verified via an independent company had been positive over several successive months. Comments included, "They are warm caring and efficient in their tasks." And "The carers are all real carers. They are polite and helpful and they all love their work."
- Training records confirmed that staff had received training on equality and diversity. People's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation were considered as part of the assessment process to understand how people could be best supported where needed. We saw the service had referred some people with visual impairment to a talking book service where this was appropriate and in line with their wishes. Staff had access to an on line 'app' which gave the access to a wide variety of information about a range of health conditions and policies and procedures to support the care delivered.

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

- People and their relatives told us they had been consulted about their care and support needs. A relative commented, "They review regularly, they sat with us and asked, "Are we doing what you want?" Records confirmed that regular reviews were held to ensure the service continued to meet people's needs.
- People and their relatives were given a customer guide when they joined the service to give them information about the way the service operated.
- The provider's website encouraged people to actively provide feedback about the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff were respectful of people's dignity. A relative said, "They treat [my

family member] respectfully and are conscientious. Their heart is in the right place and they do their best."

- Staff told us they tried to protect people's dignity through closing doors or curtains while delivering personal care. They were aware of the need to keep people's information confidential.
- Care plans identified those aspects of their care that people could manage for themselves as well as areas they needed support with. People and their relatives told us they were not rushed and were encouraged to be as independent as possible. A relative said, "They are good with [my family member] they do walk with them....They are good at that, they don't rush."

## Is the service responsive?

### Our findings

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

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

- People and their relatives confirmed that they had an individual plan for their care that met their needs. The registered manager told us they offered a bespoke service where people could choose the length and frequency of calls so that care could be personalised according to people's needs and preferences. Where there were specific health needs there was detailed guidance for staff to follow. Whilst most care plans were up to date, we found two care plans that had not been fully updated to reflect a change in support. However, these were amended promptly at the inspection.

- Care plans addressed people's support needs and there was a 'This is Me' section to give staff additional information about people to help them understand people's preferences and histories. There was also a 'Top Ten Tips' summary of important things to note about people care which included particular individual preferences and wishes. For example, one tip stated, 'Punctuality is very important to me.' Notes of the support provided were detailed to give a full picture of the care delivered.

- Some relatives told us the service had been flexible in offering additional support for example, when they needed to attend an event, or, help them resolve a plumbing concern. They said any changes they had requested were accommodated.

- People could be supported to access the community, interest groups or day centres where this was part of their agreed plan of care.

- People's communication needs were assessed in line with the Accessible Information Standard to ensure staff could communicate with them effectively. This standard requires providers to identify and meet people's information and communication support needs. People could be given access to information about the service in a format that worked for them. A communication resource had also been made for staff where English was not someone's first language.

- The service offered access to a "Remind Me" resource to support relatives and people with dementia through the easy accessibility in one place of photographs and music that was important to them and provided positive memories.

- Relatives who accessed the provider's software system to view the care plan and daily records told us they found it reassuring. One relative commented, "I read the reports every day...I live 100 miles away so this way I can check [my family member] is looked after."

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not needed to raise a complaint but were confident if they did any issues would be resolved.

- Two relatives said where they had expressed a request not to continue with a particular staff member the service had acted promptly to address this.

- One person and a relative told us they had some difficulties at the start with having a number of different staff involved in providing care. They had raised this with the office staff and it had been responded to. The

relative said, "They are very helpful and try hard to keep me the same people.... When they send other staff, they try to send someone my family member has known."

- We saw complaints were recorded and had been responded to in line with the provider's policy. The registered manager told us they tried to respond to sort out any minor issues as quickly as possible.

#### End of life care and support

- Staff had completed training on end of life. The registered manager told us that no one currently using the service required support with end of life care. However, when this was the case, they would liaise with the person, their relatives and health care professionals to provide people with the appropriate type of care and support. We saw some feedback from the relatives of a person who had been supported at this stage of their lives earlier in the year. It stated, "The care was wonderful in the last few days of [my family member's] life."

## 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

Service management and leadership was inconsistent.

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

- The registered manager had been registered as the registered manager since 2014. She understood her responsibilities as a registered manager and the requirement to notify CQC about specific events and display their inspection rating.
- However, the registered manager had not identified some issues we found with a small number of records at the inspection. For example, the care plans that needed updating, the SALT guidance that had not been consistently recorded and an incomplete MCA assessment. While most of these issues were addressed promptly, we found some improvement was needed to the way the quality assurance systems were operated to ensure people's records were consistently accurate.
- Most people and their relatives were positive about the management of the service and communication from the office. One person said, "I am very impressed, it stands out as the best." A relative commented, "It is very well managed. Excellent! I could not have had a better agency or better care workers." However, two people and two relatives expressed some dissatisfaction with the way aspects of the service were managed, such as communication from office staff and the lack of notice about different staff attending to them without being informed. One person said, "Any problems are in the office." Another person said, "The communication is not as good as it has been."
- The electronic management system helped monitor training, supervision spot checks care reviews and appraisals. It alerted supervisors when these were due to be completed. We found some of these actions were a little overdue. This had already been identified with staff and the registered manager and a plan to complete them was in place at the time of the inspection.
- Staff were clear about their roles. The service was organised into two teams to cover two different areas, and a live-in care team. Each team had a care services manager responsible for coordinating people's care and a field supervisor for the oversight of the staff for that team. All teams reported to the registered manager who had over sight across the service.
- There were regular team meetings overseen by the registered manager to ensure good communication across the teams; if needed office staff could support each other across the service. We observed office staff working well together to respond to changes in people's needs or requests for additional support.

Continuous learning and improving care

- The registered manager had oversight of accidents, incidents and complaints and monitored these for learning. They said the use of the electronic management system helped identify learning. We saw where a concern about a staff member had been identified and responded to appropriately through an additional supervision.
- Minor issues flagged by the electronic management system were dealt with by office staff promptly and

then recorded as resolved. This did not currently provide the registered manager with a full overview of what these issues were. The registered manager told us they had identified this, and the system was being updated to enable such reports to be run.

- We saw the provider was acting to change the e-learning tools staff used for some training following feedback from staff. The provider also shared their service quality improvement plan with us following the inspection

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.

- There was a system of audits carried out to monitor the quality of the service. These included the medicines records, daily notes care plans and staff records. Spot checks were regularly carried out on staff working in people's homes and where live in care was provided, a weekly review check was made with people and the staff who provided care. The registered manager told us, "With live-in care it is important to have frequent checks on everything."
- Staff were clear that the provider and registered manager wanted to promote high quality care. One staff member said, Bluebird have clear values; The customer comes first, their safety and their well-being." The provider had several pool cars that staff could use if they experienced problems with their own vehicles. This helped to provide consistency of care delivery.
- The registered manager was aware of their responsibilities under the duty of candour.
- The franchise owner carried out their own independent annual monitoring audits; the last monitoring audit was in January 2018. The service had scored very highly across all aspects of the audit with a total score of 99.3 percent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- There were some very good and distinctive elements to aspects of the service. Information events were held throughout the year to help support people and their relatives. This included an afternoon tea in a local memory café and a training and information event on moving and handling. A relative told us they found this, "very helpful and informative." The service was preparing for an information evening for people and their relatives in May 2019 and had linked with a family carer, the dementia hub and a range of other local organisations to present at the event. A relative told us, "This is where Bluebird go above and beyond in what they do."
- The provider held a free annual Christmas lunch to which everyone was invited. People spoke warmly of the occasion.
- People and their relatives views about the service were sought through regular reviews and an annual survey. People could also express their views about the service on the provider's website where comments were independently verified through a third-party organisation. Comments we viewed on the website for the previous six months were consistently positive. One review commented, "The care is reliable, consistent and efficient."
- We looked at the survey results for 2018 which were shared with people using the service and were positive overall with scores of between 93 percent to 100 percent.
- The provider actively supported staff in several ways such as a range of social events and the provision of a children activities scheme in school holidays. An office staff member said, "It's a very family orientated company and gives good support to the care workers."
- The service had also been involved in organising a number of fundraising events for charities.
- Staff told us they enjoyed their work and liked working for the service. They said they received good support from the registered manager and office staff. For example, one staff member said, "I love it, it's a great company, you get plenty of training and great support and there is good team work."



