

MJ CareCentre Limited

# Bluebird Care (Brent)

## Inspection report

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Date of inspection visit:  
29 June 2016

Date of publication:  
25 August 2016

### 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 ●

# Summary of findings

## Overall summary

We undertook an announced inspection on 29 June 2016 of Bluebird Care (Brent). Bluebird Care (Brent) is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and support 66 people and had 34 care workers working for them.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

At our last inspection on 8 May 2015, we found breaches of legal requirements in relation to Regulations 10, 17 and 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider had failed to ensure there were insufficient numbers of suitable staff deployed to keep people safe and meet their needs. There were instances where people's privacy and dignity had not been respected and maintained and the systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

We received an action plan from the service telling us what action they would take to meet legal requirements in relation to the breaches. At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified and was now meeting regulations. Feedback from people using the service and relatives also indicated an improvement with the service they received since the last inspection.

Although there were some instances of lateness, overall people using the service and relatives told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received. The service had a system in place to monitor care workers punctuality.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and care workers and people were treated with dignity and respect.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings, telephone monitoring and satisfaction surveys. Records showed positive feedback had been provided about the service.

The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

People and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm.

Arrangements and checks were in place to manage medicines safely in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that all these were completed fully. We found the service had an effective medicines audit in place.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. People and relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff, care coordinators, the registered manager and the provider.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

## 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. People and relatives we spoke with told us people were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service. So only suitable staff were employed to provide with care and support.

### Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans

### Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

### Is the service responsive?

Good 

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### Is the service well-led?

Good 

The service was well led. People using the service and relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, office staff, care co-ordinators, the registered manager and provider.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

# Bluebird Care (Brent)

## **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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Some of the people being cared for were older people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with twelve people using the service, ten family carers, fourteen staff, the registered manager and regional director. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

At our last inspection on 8 May 2015, the provider did not ensure there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found the service had taken the necessary action to ensure there were sufficient numbers of suitable staff employed and arrangements were in place to address care workers timekeeping. Feedback from people using the service and relatives indicated an improvement with care workers timekeeping and care they received. This meant the service was now meeting this regulation.

The service had systems in place which were being followed, monitored and reviewed to manage staffing levels. The registered manager told us they now had two new care co-coordinators in place dedicated to dealing with monitoring calls only. The electronic call monitoring system would flag up an alert within fifteen minutes if a care worker had not logged this call. The care co-ordinator would then speak to the care worker to establish the reason for their lateness and also speak to the person using the service to ensure they were kept informed if there were any issues. The registered manager told us this had made it easier for them to monitor the calls and manage care workers timekeeping.

Weekly call monitoring reports had been produced which were reviewed by the registered manager. The weekly reports did show some instances of lateness however records showed the registered manager had recently started to analyse late calls to establish the cause of lateness. This was done for June 2016 and the analysis showed that traffic was a major reason why care workers were late. The registered manager told us she would devise an action plan to address this issue and the analysis was an effective way to ensure the issue of lateness was minimised. The registered manager also told us that they would be conducting an analysis on a monthly basis.

When speaking to people using the service and their relatives, although they did tell us about some instances where there had been lateness, feedback indicated that some improvements had been made. For example people using the service told us "Yes they arrive on time. I can't complain", "They can be late, but they are better", "They always turn up" and "There were not enough staff but they are now regular." Most of the relatives told us care workers turned up on time and stated "Yes They arrive mostly on time", "Pretty much yes", "Can be a little late", "Yes on time. Very good" and "Mostly on time although can be late at weekends."

The registered manger told us that they were looking to recruit a care co-ordinator specifically for weekends to ensure calls were managed as effectively as week days.

Feedback from people and relatives also indicated an improvement in receiving regular care workers and consistency in the level of care they received. People using the service told us "Yes same carers. They are alright", "I have had one person throughout. [Care worker] is really nice and I trust her", "So far it has been

consistent and "Yes they've been coming a long time." Relatives also confirmed consistency in the care people received. They told us "Sometimes if they are sick or away we get someone else. But that is not a problem", "Relatively consistent", "Consistent. Monday- Saturday" and "We've had same carer over the last year."

Most people also told us they were notified of any changes with their care workers. They told us "They will phone and let you know", "Yes they tell me" and "No always turn up and notify us if they will be late". Relatives also confirmed this and told us "Yes they phone", "Yes they do notify us" and "Yes they let us know."

We spoke to care workers about staffing levels and they told us they received their rota on time and had regular clients. They told us "It's okay for me. I have regular clients. They [office staff] listen and when I can't do the shift there is no issue. Now it's settled", "I have permanent clients and they send the rota to my phone" and "All my clients are nearby. I have no problem." Care workers did tell us however that on some occasions when there were calls they had to cover, the rota was sometimes sent to them at the very last minute or some rotas were incorrect. For example care workers told us "I had annual leave on one day but the rota for that day was still sent to me, "Sometimes I have six clients and other times just three. You don't know where you stand" and "Sometimes we don't get informed until the last minute and it can cause some confusion otherwise it's okay."□

The registered manager showed us a sample of the rotas staff received on a weekly basis which clearly showed the calls that needed to be attended to and the times. She told us that with cover, they would review care workers' rotas and contact them only if they had a gap to help with covering any calls. Care workers confirmed this and also told us they did not feel pressured to cover if they were not able to.

The registered manager told us she understood things may not have been easy for the care workers as they had been changes in the management and office staff. Care workers were now required to log their calls by phone and some care workers did not have a phone so it was unsettling for them. She told us hopefully with the new team in place, this would help provide care workers with stability with the way things were managed.

People using the service told us that they felt safe around care workers. One person told us "Yes I feel safe because I know them" and "Yes always. I have no problem". Relatives of people using the service told us they were confident that people were safe around care workers. They told us "Oh yes definitely" and "Yes. [Person] kept falling so we feel safe with them coming in. They also changed the package to cover whilst I am working. I feel happier that they are watching over [person]."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. Care workers told us "I have to protect them from harm", "If I was concerned I would tell the office" and "Not come across any safeguarding issues but would report it to my manager."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to falls prevention, their home environment, safe water temperatures when providing personal care,



medicines, personal care and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers to follow on how to support people safely. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

When speaking to care workers, they were able to demonstrate a good understanding of possible risks and how to keep people safe. They told us "I make sure there are no hazards. Nothing on the floor and no problems with the bed or loose hanging things, "By looking around to make sure everything is where it should be and checking the floor for anything that could cause a problem" and "Move any trip hazards."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

There were suitable arrangements for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Care plans provided care workers with clear information about people's medicines and the support they required with them. Information about the collection and disposal of medicines was also included and supporting medicines' information such as the contact details of the pharmacy.

Records showed that staff had received training and undertaken competency assessments on the administration of medicines. When speaking with care workers, they were aware of their responsibilities when dealing with people's medicines. They told us "Yes I administer and log it on the chart" and "No just to prompt them and check they have taken it."

We looked at a sample of medicine administration records (MARs) for people and saw that there were no gaps which indicated people received their medicines as prescribed. Records showed the service had a system in place for auditing medicines. Monthly medication audits were carried and any discrepancies and/or gaps were identified and followed up as necessary to improve the service and minimise the risk of similar shortfalls occurring.

The service had an infection control policy in place. Care workers were aware of infection control measures and told us they had access to gloves, aprons and other protective clothing. People using the service told us that care workers observed hygienic practices when providing care. Care plans included COSHH (Control of Substances Hazardous to Health) assessments which detailed the risks of products that could be potentially hazardous to a person's health. The assessments included information on the risks and measures in place to minimise any risk of injury to people and to keep people safe from infection and contamination. Information was also provided on what a care worker needed to do in case of an emergency.

## Is the service effective?

### Our findings

At our last inspection on 8 May 2015, people told us they felt care workers were not sufficiently trained to meet their needs. During this inspection, when we asked if they felt care workers were sufficiently trained, we received positive feedback from both people using the service and their relatives about the competency of care workers.

People using the service told us "They are alert and watchful. They converse and ask questions", "Yes I would say they are knowledgeable" and "Yes. They help me get from bedroom to the bathroom." Relatives told us "Yes I think they have experience", "Yes they do really" and "Yes for basic care." One relative did tell us that "The new girls don't. I have to show them what to do."

At the last inspection, we found care workers performance had not been assessed effectively to ensure staff were competent enough to provide the level of care and support to meet people's needs. During this inspection we found the registered manager had taken our feedback on board and taken appropriate action to address this issue. Records showed care workers' competency was being assessed by spot checks and task observation. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties. Records showed that if there were any areas of where improvement was needed, this was noted and addressed by the service.

When speaking with care workers they felt supported by their colleagues and management. They felt positive about working for the service. They told us "I have no issues. They have supported me", "I am happy here", "Everybody is nice", "We have a supportive manager", "She [Manager] is very good" and "Yes I feel supported. Any issues have been dealt with." Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

Records showed care workers were given the training and skills they needed to enable them to support people effectively. Staff undertook an extensive induction which included assessments, spot checks and mentoring with experience care workers. The registered manager told us and records showed the service had started to implement the new Care Certificate for their staff which is the benchmark set in April 2015 for the induction of new care workers.

Records showed that some staff members had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us "I have done the induction and have shadowed other carers. I am also enrolled on a course in health & social care."

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, dementia, moving and handling, first aid, food safety, health and safety,

infection control, Mental Capacity Act [MCA] and safeguarding adults. There was no training matrix in place however the registered manager did show us a training calendar which showed up and coming training planned for the year. The registered manager told us she would devise a training matrix which would clearly show what training staff had completed and when the next refresher training was due. Staff spoke positively about the training they received. They told us "They ask me what training I need. It's much better now", "Yes we have training. It encourages you to think the right way", "Everything thing is very straight forward so we know what we are doing", "They give you the training how to use the hoist and manage the medicines" and "You are shown how to do it. That made it much easier for me."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Mental Capacity Assessment Tools had been completed and care plans showed the support a person needed to help them make their own decisions. Records showed when a person lacked the capacity to make a specific decision; people's families were involved in making a decision in the person's best interests. We found that care plans were signed by people or their representative, where appropriate, if the person is unable to sign to indicate that they had consented to the care provided.

People's care plans contained detailed information about people's medical history. The information detailed what the diagnosis was and how the condition affected the person's abilities. There was also some information about the medical condition so care workers were aware of what each medical condition was. Records showed that family carers dealt with the day to day care and arranged all health care appointments for people using the service.

People were supported with their nutritional and hydration needs. Each care plan contained a nutrition and hydration support plan which detailed information on what support people required with their food and drink. There was information about each person's dietary needs and requirements, personal likes and dislikes, allergies and where they liked to eat. The plans also identified potential risks such as poor food hygiene practice, incorrect storage, food preparation, cross contamination and sharp objects in the kitchen. Control measures were listed to ensure care workers followed appropriate food hygiene and safety practices in people's homes.

# Is the service caring?

## Our findings

At our last inspection on 8 May 2015, we found there were instances where people's privacy and dignity had not been respected and maintained. There was a lack of consistency in the care approach of staff and people felt staff were task focused and rushed. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found action had been taken to address these issues and feedback from people and their relatives indicated people were treated with respect and dignity and care workers were not task focused or rushed. This meant the service was now meeting this regulation.

People using the service and relatives told us care workers respected their dignity and privacy. They told us "Yes. They are a lot better", "Yes they do respect [person's] dignity and privacy and keep her mobile", "They are very nice" and "Very respectful and patient".

When speaking with care workers, they indicated an understanding of respecting people's privacy and dignity. They told us "I make sure they are happy. The door is kept closed" and "Always make sure they are protected from view." Records showed that spot checks and feedback questionnaires included the question whether care workers treated people with respect and dignity. This enabled the service to monitor and review people's feedback and ensure their privacy and dignity was being respected. We noted from the records that positive feedback had been received from people in response to this question. Records also showed that care workers had received refresher training on privacy and dignity and this was also covered with new care workers during their induction.

We received feedback from people using the service and relatives that care workers were not rushed. People using the service told us "No never in a rush. Always take their time", "No really pleased with the service", "They do what they are asked", "Never had a problem" and "We always have a chat."

Feedback also indicated a consistent approach to people's care and positive relationships had developed between people using the service and staff. People using the service and relatives told us the care workers were caring. People told us "They are very nice people", "Very caring. They find time to sit and chat" and "They have lovely qualities and are client orientated." Relatives told us "Yes they are caring", "Yes they are and attentive", "Weekday ones are very caring- They all are", and "Very happy they do a good job." One person did tell however that "There should be more consistency of care. They should be made aware of the importance the difference they make."

There were arrangements in place to ensure people had the opportunity to express their views about the service and with the planning of their care. Records showed that review of care meetings had been conducted with people in which aspects of their care was discussed. When speaking to people using the service, they confirmed this. They told us "Yes we do have reviews every few months", "Every few months. It has been reviewed recently" and "Yes-they come every three months." Records showed some positive

feedback had been received from people including "She [care worker] arrives on time", "The plan works for me" and "The service is fine. It meets my needs."

## Is the service responsive?

### Our findings

People and relatives of people using the service told us that they were satisfied with the care provided by the service. One person told us "They [care workers] always talk and encourage me to help myself. Another person told us "Oh yes. They have made a huge difference- transformed my life." Relatives told us "Yes they help [person] a lot" and "We couldn't manage without them."

We looked at five people's care plans as part of our inspection. Care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history and outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, medicines, nutrition and hydration and mobility.

Care plans then clearly detailed what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information as to who the person is, what is important to them, their overall goals and daily goals for receiving care.

When speaking with care workers they told us they would interact with the person in response to their needs. They told us "I talk to them and find out their preferences", "I talk to them and encourage them" and "I ask them what they would like to do themselves."

There were arrangements in place for people's needs to be regularly monitored to ensure the care they received was appropriate. Care plans were reviewed six monthly by staff and were also updated when people's needs changed. Daily communication records were in place which recorded information such as visit notes, meal log and medication support provided.

The registered manager told us they were in the process of implementing The PASS system, a care management and information system. It allows staff to receive and record information via an application in their mobile phone. The system has functions which allow for the live monitoring of care being provided and confirmation of tasks completed. Office based staff would receive alerts if visit tasks were not completed to allow them to check why. The registered manager told us this would help with monitoring the service more effectively and for staff it would be a tool to support them do their work more efficiently.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. People using the service and relatives told us "I had a problem last September but we now have regular carers", "I have had some small problems but they

are always resolved", "Always resolved or responded to", "Not had to complain" and "I had a hitch one day but I contacted them and it was resolved."

At our last inspection on 8 May 2015, we made the recommendation that the service review complaints and concerns raised to identify particular trends and learn from them to develop and improve the service. During this inspection, we found the service had taken on board our recommendation. Records showed the registered manager had started to analyse the complaints and the reasons why issues were being raised. The analysis done for April and May 2016 showed lateness and a lack of communication were reasons for the complaints received. The registered manager told us she would devise an action plan to address these issues. She also told us that the new Pass system would also help the service improve in this area.

## Is the service well-led?

### Our findings

At our last inspection on 8 May 2015, we found the service was not well led and systems were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found action had been taken to address these issues and feedback from people and their relatives indicated that service had improved. This meant the service was now meeting this regulation.

People using the service told us "I have had a few issues but they are all resolved. It is better" and "They look after me well. They will phone if there is a problem- so far no problems." Relatives also spoke positively about the care their family members received. They told us "There have been no problems- Level of care is good", "It's been slightly better of late", "At the most it's working well. I am well happy. They take care of [Person] very well and "They are dependable and caring."

In response to the issues raised about timekeeping and the service not being well led, we found the service recruited two care co-ordinators to manage the calls and monitor timekeeping. Although some people told us there were instances of care workers being late, the overall feedback about timekeeping was more positive.

Feedback also indicated that communication between the office staff and people using the service had improved. We asked people if the management and office staff were approachable and easily contactable. People told us "Yes they have checked that I am happy", "Yes" and "Yes. They are always available. Relatives told us "I speak to a supervisor", "Yes, "As far as I know" and "Definitely." One person did say "Seems to be the same" and a relative told us "Service is about the same. I haven't seen a difference."

A new registered manager had been recruited and had been in post for three months. The service had a compliance and recruitment manager and an administration assistant in place to support the registered manager. The new registered manager has a background in health and social care and demonstrated an understanding of how the service works. We spoke with the regional director who told us they wanted a manager in place who had the relevant experience and skills and she had already "turned things around.". He told us that they wanted to see further improvements in the service and was doing what they could to ensure this was the case.

The registered manager told us she was aware of the issues the service had previously and her experience enabled her to understand the impact it has had on people using the service and staff. She told us that she had put many things in place since in post and would continue to develop these areas. She also told us that with the future implementation of the new Pass system and the staff support the office now had, would ensure the quality of service was continually good.



To assess the quality of service provided, records showed that regular spot checks of staff had been undertaken to assess their competency levels, the registered manager had started to analyse issues with regards to timekeeping and reasons why complaints has been made. She told us action plans would be in place to highlight the action the service will take in response to these findings. Regular reviews were in place to ensure people's care needs were discussed and monitored to ensure the care they received was still meeting their needs. Monthly audits of MAR sheets had been conducted to ensure people were receiving their medicines and any issues were dealt with promptly.

An extensive audit had also been conducted in January 2016 by the provider which covered aspects of the service including training, care reviews, risk assessment, medicines and auditing of MAR sheets and staff rostering. Areas of improvement and actions to be taken were highlighted for the service to action. The registered manager showed us an action plan showing the action she would take to address the issues identified in the audit.

Records showed telephone reviews had been conducted and we found positive feedback had been received. For example 37 telephone reviews had been done in May 2016 and feedback from 29 people about care workers timekeeping was positive. In June 43 telephone reviews had been conducted and feedback from 30 people about timekeeping was positive. One comment from a person included "My regular carers are lovely. On occasion, they can be late but the office let me know in advance. They all look so smart. They all know what they are doing and have good knowledge."

Records also showed compliments received about the service included "I am very satisfied by the care given by Bluebird", "Good workers and polite" and "All the carers from Bluebird have been extremely friendly and caring, They looked after and cared for [person] extremely well. Thank you very much for the good service received."

Care workers spoke positively about working for the service and the management. They told us "Management is good", "They are good people", "Yes it's managed well", "It's a good organisation" and "All the time they are there for me."

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Care workers confirmed this and told us "Any change in policies, they let us know", "They tell you in time about changes", "If you have a problem they help" and "I call the office and they call me back" and "If something is bothering me I can always talk to them." □□

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. □□□□□□