Buadu Limited

Bluebird Care (Havering)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 15 November 2016. At our last inspection in June 2014, we found that the provider met all the areas we inspected.

Bluebird Care (Havering) is a domiciliary care service based in London Borough of Havering. The service is registered to provide personal care for people in their own home. At the time of our inspection, the service provided a service to 65 people, who received personal care and support in their own homes.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

The service had introduced a new electronic based system of recording care plans, risk assessments and all information related to the support provided to people. Although this system may have potential advantages of ensuring care was effectively provided, some people did not find it suitable for their needs. Also, even though people were happy with the staff, some people told us that staff did not always arrive on time. We made recommendations about these issues.

People and relatives told us that people were safe in the service. They told us staff were pleasant and treated them with respect and dignity. We found staff were experienced and had the knowledge to ensure people's privacy was upheld.

Staff had an understanding of people's needs and demonstrated that they had knowledge adult safeguarding to ensure people were protected from different kinds of abuse. Each person had a risk assessment which identified possible risks and provided guidance for staff regarding how to manage the risks. Staff had training to prompt or administer medicines as stated in people's care plans.

There were robust staff recruitment processes in place to ensure new staff were checked appropriately and were suitable to support people. The service had sufficient numbers of staff.

People were supported to make decisions about their care and were involved in their assessments and care plans. We noted staff listened to people and the service sought people and other stakeholders' views to improve the service. People were confident that their complaints were taken seriously and investigated by the registered manager. The service's management structure ensured that there was an on-call system to provide management support at all times.

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. The service had enough staff who were appropriately recruited to ensure that they were safe to support people.

Staff knew how to protect people from harm and abuse.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was effective. Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005.

Staff supported people with their meals and to access healthcare professionals when they required them.

Is the service caring?

Good

The service was caring. The registered manager encouraged staff to develop positive caring relationships with the people.

Staff ensured people's privacy. People felt that they were involved in the assessment of their needs and review of their care plans.

Is the service responsive?

Good

The service was responsive. Care plans were detailed and provided guidance for staff to meet people's needs.

There was a complaints policy and procedure in place which ensured that people's concerns were investigated.

Is the service well-led?

Good

The service was well-led. There was a clear management structure. People and relatives told us they liked the service.

The registered manager audited various aspects of the service and actively sought the views of people, their relatives and staff

about the quality of the service.

Bluebird Care (Havering)

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 took place on 15 November 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social inspector and 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.

Before the inspection we reviewed the information we held about this service. This included details of its registration and notifications the provider had sent us and safeguarding incidents. A notification is information about important events which the provider is required to tell us about by law. The provider had also completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR during our planning of the inspection and also discussed it with the provider during the inspection. We contacted social care managers and the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with a care worker, a 'customer' manager, care co-ordinator and the registered manager. We also reviewed seven people's files including care plans and risk assessments. We looked at seven staff files which detailed their recruitment, training and supervision records and we looked at the training matrix for all staff working at the service. We checked the provider's quality assurance systems and reviewed various policies and procedures including the complaints, safeguarding adults and whistleblowing policies. A few days after our visit we spoke by telephone with eight people, two relatives and five care workers.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe in the service. One person told us they felt safe because they "live in a very safe road". Another person said "on the whole staff are pleasant" and they were not concerned about their safety while using the service. They told us they "contact the office if I felt unsafe". A relative told us they thought people were safe because the manager took action when they reported something was not right.

People were protected from the risk of abuse. Staff told us that they had received training in protecting people from abuse. They were able to describe what would constitute as poor practice and demonstrated that they had a good understanding of how to respond if they had concerns about people using the service. One staff member told us, "If I notice a person is abused, I have a duty to report it to my manager or to other authorities including the Care Quality Commission."

Risk assessments had been completed for people using the service. The registered manager explained that it was a requirement of the agency to visit and complete risk assessments which included environmental and equipment associated risks before starting to provide service. The registered manager told us that staff who completed assessments of people's needs made referrals, for example, to occupational therapists (OT) or others if they found equipment or environment was unsafe to use. We saw examples of referrals made to OTs in some of people's files. We noted that the risk assessments were detailed and contained 'Control Measures' or information for staff on how to manage the risks. We noted that the risk assessments were reviewed at least once every six months. Staff confirmed that they read the risk assessments and knew how to manage the risks.

The provider had enough staff available to meet people's needs. People and their relatives told us they were happy with the staffing level and the fact that they had the same staff all the time. One person told us they felt the service had enough staff but they were not always visited by the same member of staff. Another person told us that they were happy because they had the same staff who spoke their language and visited them regularly. A relative told us that having the same staff made a person "feel safe". The registered manager told us that the service allocated the same staff to support each person to ensure continuity and consistency of care but this was not possible all the time due to factors such as annual leave and sick leave. We were told that if new staff were to visit people, they would be given sufficient information about care plan and risk assessment to make sure people's needs were met. Staff told us they always had information about people's needs and how to support them. They told us they carried an identification card and wore a uniform when visiting people. This ensured people knew staff who were visiting them.

The provider had safe staff recruitment processes in place. We noted that staff had completed application forms outlining their experience before attending interviews with the service. Staff files confirmed that various recruitment checks had been undertaken as part of their employment. These included the staff member's previous employment history, proof of identification and a check with the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and shows if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

This ensured that the provider had reduced the risk of unsuitable staff from working with people using the service.

Most of the people we spoke with told us they self-administered their medicine. One person said, "I take my on medicines." However, some people told us staff reminded them to take their medicines. People told us they knew what their medicines were administered for and were happy with the support staff provided. The registered manager and staff told us that in most cases they prompted people to take their medicines. However, where staff had to administer medicines they had to write the date, time and the dose of medicines administered on the medicine administration record sheets (MARS). Staff told us and records showed that they were trained in medicine administration.

Good

Is the service effective?

Our findings

People and their relatives told us staff were trained and knew how to support and meet their needs. One person said, "Oh, yes definitely, they are well trained." Another person told us that staff knew how to care for them and "if new staff came they usually shadowed [an experienced member of staff]". A third person told us they were "quite happy with the staff". A relative said, "Bluebird has been good in providing experienced and trained staff [to support people]."

People's consent was sought before care was provided and staff acted on their wishes. People told us that staff asked for their consent before they provided care. One person said, "Yes, I make my own decisions. The agency is brilliant." Another person told us they made decisions in "choosing and planning" their care. We saw that people or their relatives had signed their care plans to confirm that they were involved in making decisions about the care. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for people. They told us that they would recognise if a person's capacity changed and that they would discuss this with their manager.

The 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. We saw that each care worker received a small leaflet about the MCA which they could carry around with them. One care worker told us, "I understand about capacity and that if people need help making a decision, we speak to their or speak to the managers."

Staff told us they received the training and support they needed to do their job well. They told us the training they received included areas such as adult safeguarding, medicines administration, moving and handling, dementia awareness, infection control, and first aid. They told us they received annual refresher training of mandatory topics and undertook Care Certificate training as part of their induction, which were a set of standards that health and social care staff adhere to in their day to day work. The registered manager showed us a training room which was being provided to make it easier for the service to provide training. At the time of the visit the training room was yet to be fully functional but was equipped with some materials that aid the training. We noted that online training was used in addition to the classroom based training. We saw evidence of staff training in their files and from the provider's training records.

Newly recruited staff completed an initial induction and could also shadow more experienced workers to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed. A member of staff told us that they had received "a lot of training" that enabled them to be confident to do their job.

Staff told us they received support from their managers and were happy working for the service. A member of staff said, "They are very supportive. I can call them and ask them anything I am not sure about." Another member of staff told us, "They are helpful. I enjoy working with my clients". A third member of staff told us that they had regular one-to-one supervision with their manager and also attended team meeting. Records showed that staff had supervision and attended team meetings. Staff told us and records showed that staff were provided with a handbook which contained the policies and procedures of the service.

Most people told us staff supported them with their breakfast and they had other arrangements for their other meals. They told us that they were satisfied with the care staff provided with their meals. Staff told us and records showed that they had attended training in basic food hygiene. A member of staff told us that they followed people's care plan and supported them with their breakfast.

Staff worked with healthcare professionals to ensure people's healthcare needs were met. The registered manager told us that the contact details of health care professionals were provided in each person's care files so that staff could use them in an emergency case or when a person was unwell. A member of staff explained the steps they would take if a person became unwell when they were supporting. They told us they would "phone a GP or an ambulance to let them know the person was unwell and needed medical help".

Good

Is the service caring?

Our findings

People, their relatives and professionals told us that staff were caring. One person said, "I have absolutely no problem. [Staff] are very caring and helpful." Another person told us, "They are excellent. I have no qualms. They are very helpful." A third person said, "They are kind and caring. Everyone is caring so far." A relative told us, "Yes, staff are caring." A social care professional said a person was "very happy with the service".

The service promoted the importance of respecting and promoting people's privacy and dignity. A person said, "Most definitely. [Staff] are very respectful at all times." A third person told us staff recognised and respected their religion, culture and rights. A relative told us, "Yes, [staff] do handle [the person] nicely and respectfully."

Staff explained how they ensured people's privacy when, for example, supporting them with personal care. A member of staff said they listened to and asked people how they wanted to be supported. They told us, "I make sure that doors are closed and curtains drawn when helping people with personal care." Another member of staff said, "We listen to people. We respect their privacy."

There was a positive relationship between staff and people. Staff told us that they supported the same people most of the time which mean that they knew their preferences and how they wanted to be supported. The registered manager told us staff were matched with people based on their experiences, where they lived and people's preferences. They told us staff were encouraged and supported to develop positive relationships with people so that they knew each person's needs well to deliver a person centred care. This was confirmed by most of the people and relatives who said that staff had built good relationships with people.

People's care files and the registered manager confirmed care plans were reviewed periodically on a monthly, three monthly or six monthly bases. We were informed that changes to care plans were noted and communicated to staff through the newly introduced hand held electronic device which all care staff had been given. Staff told us they had been trained to use the system and found it useful to provide care. However, most of the people and a few of staff we spoke with were not sure if the system was effective in helping care. We were told that most people and some staff would prefer 'paper base' rather than 'electronic based' care plan. We recommend that the provider looks into these issues and comes up with the best practice suitable to people and staff.

Good

Is the service responsive?

Our findings

People told us staff provided care and support that reflected and met their needs. One person told us, "Oh, yes, they always listen to what I say." Another person told us staff were "not bad" as they arrived on time "most of the time" to respond to their needs. We discussed punctuality and were informed that staff did not always arrive on time. One person said, "They are not punctual. [Staff] are quite often late; it depends on where they are coming from." Some people also told us that staff did not always ring to let them know they were running late. The provider's 'monthly customer questionnaire' completed by 29 people in June 2016 showed that 50 per cent of the respondent stated that they were not always informed if staff were running late. However, people told us that staff were not rushed; they always completed the tasks before leaving.

The registered manager told us and records confirmed that an action plan had been developed following the feedback received in June 2016 from people. We were told that improvement had been noted since the action plan. The registered manager also explained the time staff were given between and said that it depends on various factors such as the time of the day (peak or non-peak hours) and the distance between the locations to be visited. The registered manager told us that the minimum time given between visits was 15 minutes and staff were encouraged to use their own cars and claim mileage from the service. Staff told us that they felt the travelling time between visits were enough for them to arrive on time and respond to people's needs. We recommend that the registered manager looks for better practices of managing staff punctuality.

The registered manager explained how the service undertook assessment of needs and developed care plans. We were told that following the receipt of referrals from local authorities or individuals 'customer service managers' visited and completed assessments of needs. Care plans were then developed based on the assessed needs of people. Care files showed that the care plans were written in first person format explaining how people would like to be supported, for example, by stating, "I would like care worker to....." This showed that the care plans reflected individual needs and wishes.

People's care plans were detailed with information about 'outcomes' or objectives of care, visit times, and the tasks staff needed to undertake to respond to people's needs. People's details including their medical history and contact information for next of kin, and health and social care professionals were given. 'The customer managers' and care coordinators worked closely together to assess people's needs, allocate staff, monitor and review care plans.

Staff told us that the 'the pass system' (or the new electronic device) had advantages in helping them record, share care information and respond to people's needs. They said that information about the care they provided or outstanding tasks was easily shared or monitored by their colleagues and management and were acted on as required.

People knew how to make complaints. One person told us that they knew how to complain but had "absolutely no complaints with the carers". We noted that the service had a policy and procedure for reporting complaints and copies of these had been given to people. The registered manager also told us

staff asked people if they had any issues about the service. This was confirmed by people and a health care professional who stated that staff asked them if they were happy or had any issues relating to the service. We noted that the registered manager had received and investigated five complaints since March 2016.

Good

Is the service well-led?

Our findings

People, their relatives and a social care professional told us that they were happy with the service. One person told us, "I am very happy with what they do." Another person said, "It's a good service." A relative told us, "Management are accessible if needed but sometimes you can't get through." Records showed and the registered manager confirmed that there was an on-call system for people, relatives and staff if they needed to contact the office. A social work professional stated that they worked well with the management of the service.

We noted that there was a clear management structure in place with the registered manager being responsible for the overall running of the service. The registered manager was supported by two 'customer service managers', two care coordinators, a field supervisor and an administrator. The provider or owner of the service regularly visited and provided support for the registered manager. We noted that the registered manager had a long experience of managing the service.

Staff told us the service was managed well and they liked working there. A member of staff said, "You can't ask for a better manager. The manager is good." Another member of staff told us, "I am very happy. [The service is] the best firm I have ever worked for. I can recommend the service to relatives or friends."

We noted that a quality review of the service carried out in October 2016 by the local authority had identified some areas that needed action by the registered manager. The report and action plan of the review showed that the registered manager had addressed the issues identified. We received no concerns from professionals we contacted about the management of the service.

The registered manager told us how the service communicated information, kept regular contact with people and motivated staff. The registered manager told us that staff sent a card to each person on their birthdays. We saw a number of blank birthday cards which the registered manager said were stored in the office to be sent to people on their birthdays. Additionally, the names of staff whose birthday fell in a month were printed on that month's staff newsletter. The purpose of the monthly newsletter was to share care related news with staff and recognise good practice undertaken by some staff during each month.

People, staff and other stakeholders' views about the quality of the service were regularly sought. Conversations with people, staff, health and social care professionals and the records we saw confirmed that the registered manager sought the views of people and others about the quality of service. We noted that the feedback obtained from people and stakeholders were analysed and action plan prepared to improve the quality of the service. Staff told us and the minutes of meetings showed that regular team meetings took place allowing staff to discuss common care practice. The registered manager undertook a range of audits including care plans, training records, incidents, and complaints.