Surrey Care Services Limited

Bluebird Care (Epsom & Kingston)

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

This inspection took place on 27 and 28 September 2017 and was announced. Bluebird Care (Epsom and Kingston) is a domiciliary care service that provides personal care to people in their own homes. At the time of the inspection there were 72 people receiving personal care from the service.

The service has not previously been inspected, however it was previously registered at a different address.

The service did not have a registered manager in post. The registered manager had left their post the day before the inspection commenced. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The director of the service had developed systems to keep people safe from harm and abuse. Staff had sufficient understanding of the provider's policy on identifying, reporting and escalating suspected abuse. Risk management plans in place were reviewed regularly. Staff received on-going training in safeguarding.

The service employed suitable numbers of staff to meet people's needs and keep them safe. On-going recruitment ensured adequate numbers of staff would be available during times of staff leave and sickness. However evidence on action taken to address late calls was not always clear.

People received their medicines in line with good practice. Staff had adequate knowledge on how to report concerns and identify errors. The service was participating in a trial scheme with a leading pharmacy to improve how medicines were managed within people's own homes.
People's consent to care and treatment was sought by staff. People were encouraged to make decisions about their care and support and had their decisions respected and implemented into their care plans.

Where agreed in people's care packages, people were supported to have sufficient amounts to eat and drink to meet their preferences and dietary requirements. People's health and wellbeing was regularly monitored and concerns reported to healthcare professionals as and when required.

People's privacy and dignity was respected and encouraged. People confirmed staff supported them to remain independent wherever possible.

People received personalised care that was tailored to their individual preferences and responsive to their needs. Care plans were developed with people and their relatives and reviewed regularly to reflect their changing needs.

Where agreed in people's care packages, people were supported to participate and engage in activities that reflected their preferences. Staff supported people both in their own homes and in the local community.

The service responded to concerns and complaints in a timely manner, seeking a positive resolution. The care manager (covering the service in the registered manager's absence), had sound knowledge on the provider's complaints policy. People were given a copy of the service guide which gave them information on how to raise a complaint and what to expect.

The service encouraged people to participate in the development of the service, through gathering feedback and forum meetings. People's views were considered and changes to the service provision based on people's suggestions.

Staff confirmed they felt well supported in their roles and could ask for support and guidance from office based staff. Staff spoke highly of the care manager and found her approachable and responsive.

The service actively encouraged and welcomed partnership working with other healthcare professionals to drive improvements within the service and effectively meet people's needs.

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 developed risk management plans that identified the risk and gave staff clear guidance on how to mitigate those risks. Risk management plans were regularly reviewed and changes shared with staff immediately.

People were protected against harm and abuse as staff had sufficient understanding of the provider's policy on identifying, reporting and escalating incidents of suspected abuse.

Although there were sufficient numbers of staff to meet people's needs, the provider recognised additional staff were required to cover staff shortages, and had recently recruited five additional staff members to keep people safe.

The service had a robust system in place to ensure the safe management of medicines. People received their medicine in line with good practice. The service carried out daily audits of medicines management to ensure errors or issues were identified immediately and action taken.

Is the service effective?

Good

The service was effective.

People were supported by staff that had received on-going training to effectively meet their needs. Where staff's training had elapsed training sessions were scheduled.

The service had robust systems in place to ensure staff reflected on their working practices through regular supervisions, spot checks and annual appraisals.

People were supported by staff that had adequate knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Where agreed in people's care packages, they were supported to access sufficient amounts to eat and drink and had support with purchasing their food and food preparation.

Is the service caring?

Good

The service was caring.

Staff were aware of the importance of maintaining people's confidentiality. The service had robust systems in place to ensure people's information was stored and recorded confidentially.

People were treated with dignity and respect from staff that were compassionate and kind.

Where possible people were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

The provider had developed a comprehensive care planning system that enabled care plan details, changes and updates to be shared with staff immediately, enabling them to be responsive to people's needs.

People were supported to make choices about the care they received.

The service had a complaints policy in place that was shared with people. Records showed, complaints were recorded and investigated in a timely manner.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be.

Although the service had systems in place to monitor late visits, the service had not taken sufficient action to address people's on-going concerns.

The service did not have a registered manager in post at the time of the inspection. The provider had employed a manager who would be registering with the Commission.

Staff told us they felt supported by the care manager. Staff told us all office staff responded to their concerns, and were available and approachable to offer advice and guidance.

The service had a culture of transparency and strived for improvements through feedback and partnership working.

Bluebird Care (Epsom & Kingston)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care we needed to be sure that someone would be in.

The inspection was carried out by two inspectors, one of which made phone calls to people and their relatives.

Prior to the inspection we reviewed the information we held about the service. For example, information shared with us by members of the public, healthcare professionals and the Provider Information Return (PIR). A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke to six people, one relative, five care staff, the interim care manager, operations director and the provider. We reviewed nine care plans, six staff files, training records, medicines administration records, electronic monitoring system and other records relating to the management of the service.

After the inspection we received feedback from a healthcare professional involved with people who use the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service, for example one person told us, "I feel very safe with them [staff members]. I've never had an issue." Another person said, "I feel safe with them and I have no concerns about that."

People were protected from the risk of harm and abuse. One staff member told us, "It's important we respect the care plan and guidance. If I suspect abuse, I would report it straight away." Through our discussions with staff, they demonstrated an understanding of how people may present when subjected to abuse, for example 'scared and withdrawn'. Staff and records confirmed they received on-going training in safeguarding and whistleblowing, which enabled them to identify report and escalate suspected abuse.

People were protected against identified risks. One staff member told us, "We [staff members] must follow the risk assessments." The service had developed risk management plans that identified the hazard, risk and control measures in place to mitigate the risk. Guidelines for staff were clear and accessible at all times through the secure electronic system available to staff. Risk management plans were reviewed regularly and updated to reflect any changes identified and covered, for example, medicines, mobility and nutrition and hydration. Where possible, people were encouraged to develop their own risk management plans.

People were supported to remain safe in their home environment. Where people were unable to or chose not to open their front door for staff, a key safe system was implemented, with only staff authorised having access to the key codes. The service undertook an internal and external environmental risk assessment which identified potential risks to people and staff carrying out the regulated activity in their home. Environmental risk assessments covered, risk of falls and trips and equipment. Equipment was inspected for safe use regularly and any identified issues were recorded and actioned.

The service had robust recruitment processes in place to ensure only suitable staff were employed. We reviewed staff files and found these contained, completed application forms, interview questions, photo identification, two references and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employees can undertake to enable them to make safer recruitment decisions.

We received mixed reviews regarding the deployment of staff in meeting people's needs. Four people we spoke with spoke negatively about their visit times and that staff were often late for their planned call and were not always aware of changes to the staff member carrying out their visit. For example, one person told us, "They [staff members] come late every so often. The lateness is my main concern. They don't inform us when they are running late. They also change carers a lot without informing us." Another person said, "The time we agreed is not what I get, it is far from it. The time doesn't work for me at all." A third person told us, "They [staff members] rarely come on time. They are always usually a few minutes late and they vary so much. They change ever so much. You never can tell who is coming to see you." However we also received some positive comments relating to staff attending visits on time. For example, one person told us, "I am happy with Bluebird. They arrive more or less on time." Another person said, "They come on time and send the same carers. I told them they must send me the same carer and if they need to change, they must let me

know. That is exactly what happens. They inform me when there is a change of care workers."

Staff confirmed what people told us, in that they did not always feel sufficient numbers of staff were available to ensure all calls were carried out on time. For example, one staff member told us, "Sometimes we could do with more staff to cover sickness and leave." We spoke with the interim care manager about this, who told us, "We are currently recruiting and recently employed five care support workers. They are going through the shadowing period and we are also interviewing more staff to give us extra cover due to annual leave and staff sickness." Records confirmed where staff absence was noted, additional staff from the sister service were bought in in attempts to minimise the impact on people.

The service had introduced a 'letter of concern' system, whereby staff were sent a letter highlighting concerns related to lateness. The letter was then followed up by a discussion during their supervision whereby staff would be offered support. However, if another instance of lateness was identified, an investigation was carried out and formal disciplinary processes started.

People received their medicines safely and in line with good practice. A staff member told us, "I've had medicines training and they [senior staff] come out and assess us regularly and give us feedback on how to improve." At the time of the inspection the provider had engaged with a leading pharmacy to participate in a trial scheme, to streamline the medicines management for people using domiciliary care services which would ultimately minimise the risk of unsafe medicines management within people's own homes. Once the trial is complete the provider is looking to implement this throughout the service.

We reviewed people's Medicine Administration Records (MAR) and found that these had been completed correctly and in line with the providers guidance. All MAR were recorded electronically and once administered staff would upload the information via a handheld phone device. A code system was used to identify when medicines had not been given, the reason as to why and if any further action had been taken to address this. As soon as the information was uploaded, office based staff were alerted that the medicine administration task that had not been completed and would contact the staff member to ascertain the reason, record it and close the task as resolved. By having this system in place, it enabled any errors or issues to be known immediately and therefore action taken to minimise the impact on people was swift. Staff were aware of the provider's policy on reporting concerns around medicines management immediately. For example, one staff member told us, "I have had [medicines] training, they [senior staff] come and assess us every three months then give us feedback. I would report any concerns straight away."

Good

Is the service effective?

Our findings

People received care and support from staff that underwent on-going training to be effective in their role. One person told us, "The carers are well trained, I believe so." Another person said, "All the carers know the job but some are more experienced than others."

We spoke with staff about the training provided who told us they could request additional training should they require, and that it would be provided. One staff member told us, "The training is alright, I last had manual handling training and it helps me to do my job." We reviewed the training matrix for all staff and found that training provided included safeguarding, medicines management, Mental Capacity Act 2005, Deprivation of Liberty Safeguards, moving and handling and equality and diversity. We identified instances where staff's training had elapsed, we shared our concerns with the operations director and the provider who confirmed overdue training had now been scheduled. As an additional measure, staff were being supported via supervisions and spot checks to ensure they were effective in their role.

People were supported by staff that had undertaken a comprehensive and robust induction programme. One person told us, "They [the service] bring any new carer to introduce to me first before the carer starts working." The induction process was four full days of classroom based assessment and information sharing. One staff member told us, "The induction covered a lot, for example, fire safety, safeguarding, medicines, personal care. I shadowed [senior staff] for three days and they made sure you were ok working without direct support. I could have asked for a longer induction if I needed it." We reviewed the induction handbook which also included policies and procedures, future training and development, communications, confidentiality and the service values.

Staff enhanced their working practices through regular supervisions, spot checks and annual appraisals. A spot check is an unannounced visit by senior staff to ensure staff are carrying out their roles and responsibilities in line with the provider's guidance. One staff member told us, "I had a supervision two to three weeks ago. They [supervisor] checked to make sure I was doing things correctly." Another staff member said, "I had my appraisal and you get feedback on the quality of your work. You also get to hear feedback from people." We reviewed staff files and found supervisions were up to date. Supervisions gave staff the opportunity to spend one-to-one time with their coordinator to discuss things that were going well, areas of additional support required, additional training and anything that required improvement. It also enabled staff members to set goals to be achieved for the next supervision and appraisal.

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.

We checked whether the service was supporting people in line with the MCA and found their policies were in line with legislation. One staff member told us, "It's about whether people have the capacity to make a

decision." Staff had adequate knowledge of the MCA and their responsibilities. Staff confirmed should they feel someone was lacking in capacity to make an informed decision they would inform the office immediately. The office would then liaise with people's relatives and notify the local authority who would then undertake a mental capacity assessment.

People's consent was sought by staff prior to delivering care. One person told us, "They [staff members] do the things I want them to do and ask me if I want anything else before they leave. They also ask how I want them to do things for me."

Where agreed in people's care package, people were supported to access food and drink that met their dietary needs and preferences. Records alerted staff as to whether they were to support people to prepare or aid them with accessing food. Notes also stated that staff were to check there was sufficient food and drink on the premises and where not, whether they should purchase additional food or alert relatives. One staff member told us, "The tasks we need to carry out [at each visit] appear on the phone system. They let us know what to prepare and what the person likes to eat and drink."

People were supported to access healthcare services as and when required. Records confirmed where staff were concerned about people's health, guidance and advice was sought from healthcare professionals, and advice given was then implemented. For example, one record we reviewed showed that there were concerns around one person's medicines, staff had contacted the G.P for guidance.

Good

Is the service caring?

Our findings

We received mixed feedback from people regarding staff. For example, one person told us, "There are the good ones [staff members] and some that can't be bothered, but they seem to know the job. I will say the good ones are caring and really friendly." Another person said, "Carers are wonderful. They respect me and what I say and want." A third person said, "They [staff members] are lovely and are nice to me." A healthcare professional told us, "I know [people] using this agency and I must say they are quite satisfied with them, having had before a few agencies which did not work well." From discussions with staff we observed people we spoken of respectfully and with compassion.

People were supported to maintain their dignity and were treated with respect. One person said, "They [staff members] speak to me with respect, they listen to me and are always willing to help. Yes, they respect my privacy and dignity." Another person told us, "The carers when they are here listen to us and respect us." Staff were aware of the importance of maintaining people's dignity, for example one staff member said, "When delivering personal care, I place a towel over the person, to cover them. It makes them feel more comfortable."

People had their confidentiality maintained. Staff received training during their induction which highlighted the need for confidentiality and the implications of breaching this. One staff member told us, "Don't read things you should not, and make sure you seek people's permission to share information." Records containing people's confidential information was only accessible to people with authorisation and secure passwords. Records stored in the head office were kept in locked filling cabinets in a secure office.

People were given support in line with their care plan and which encouraged them to maintain their independence wherever possible and safe to do so. Staff demonstrated a clear understanding of enabling people to maintain control over their lives. Care plans detailed the level of support people required and areas they were able to support themselves, this enabled staff to deliver care without de-skilling people. For example, by encouraging them to undertake personal care tasks and when preparing food and drink.

Staff received training in equality and diversity and how to embrace people's differences, whilst encouraging inclusion. We spoke with the interim care manager who told us, should someone have a specific cultural, religious or ethnic need, they would employ specific staff to meet those needs. For example, the service had previously supported one person whose first language was not English; and had matched staff who did speak their language to deliver care. The interim care manager demonstrated significant understanding of matching staff skills to people's needs. People's care was person centred and tailored to their individual needs and preferences.

People's wellbeing was monitored on a daily basis by staff. Staff were aware of the changes in people's presentation that could identify a change to their wellbeing. Staff demonstrated sound understanding of how to respond and escalate their concerns with healthcare professionals; and told us they would do so immediately. Where guidance from healthcare professionals was given, this was then recorded in people's care plans, to ensure all staff had access to the information instantly.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us, "They [the service] involve us in planning our care." Another person said, "I am familiar with the care I get. They [the service] discuss it with me." The director of the service had developed a software package to develop electronic care planning and management systems that enabled staff to deliver responsive care in line with people's changing needs.

Care plans were comprehensive, person centred and gave staff clear and specific guidance on people's health and medical needs, in line with their preferences and wishes. Care plans detailed what level of support people required and wanted, their goals, people and things that were important to them, communication needs and history. Care plans were developed in conjunction with people, their relatives and information provided from healthcare professionals. Staff carried a specific smart phone that enabled them to have access to people's care plans at any time. Once changes were made to the care plan, an alert was then sent to the staff member's phone, which they would then have to read, prior to closing. This meant the service could guarantee that all staff had received the up to date information immediately.

Where agreed in people's care packages, people were supported to engage in planned activities of their choice, in line with their needs and preferences. One staff member told us, "I take some people shopping, for a walk, to the garden centre and out for lunch." Another staff member said, "We also give people companionship." Care plans detailed people's preferences, what support they required and how this would be delivered by staff allocated. Activities included shopping, meals out and trips in the local community. Staff could identify how people may present if they were socially isolated, and how to respond to and escalate their concerns with office staff.

The majority of people we spoke with knew how to raise a complaint and felt they would be responded to in a timely manner. However we received mixed reviews about the provider's complaints process. One person told us, "I have complained and yet nothing has been done about it." Another person said, "I do know how to complain if I am not happy and I will definitely do so without hesitation." A third person said, "I've no complaints. I know how to complain if I want." The service had a complaints policy in place which was shared with people upon commencement of the service. The complaints policy detailed how to complain and what people can expect. We reviewed the complaints file and found the service had received one formal written complaint in the last 12 months. The complaint had been fully investigated and action taken to minimise a repeat incident and an apology letter sent.

People were encouraged to make choices about the care they received and told us their choices were respected. One person told us, "They [staff members] ask me what I want and give me choices." People's preferences were recorded which enabled staff to deliver care in line with people's wishes. One staff member told us, "You need to give people options, so they can make choices." All staff we spoke with confirmed they respected people's decisions.

People were encouraged to make decisions about their lives, from staff that gave them information in a

manner they understood. One person told us, "They [staff members] respect my choices." Staff demonstrated a clear understanding of the needs of people they supported. One staff told us, "If you help people make a decision, you can give them options and let them decide." Another person told us they had contacted the office as they wanted a different staff member to deliver care, they confirmed they were offered an alternative staff, with which they were happy with. Staff ensured people's decisions were recorded in their daily notes and people had their decisions respected.

Requires Improvement

Is the service well-led?

Our findings

The director of the service had developed a software package to develop and monitor the care people received. Although the service had systems in place to monitor late visits, the service had not taken sufficient action to address people's on-going concerns. During the inspection we reviewed the quality assurance report and identified 79% of returned questionnaires stated staff arrived for their visit on time. We also identified one supervision record whereby a staff member had raised a concern regarding insufficient travelling time between visits. We raised our concerns with the operations director and provider who told us they had taken steps in addressing people's concerns including the introduction of the 'concerns letter'. However, when we spoke to people, four told us they had experienced on-going staff lateness. Although the provider had identified late visits and taken action, it was not always clear what action they had taken to address people's concerns, nor had they satisfactorily responded to people experiencing late visits.

We recommend that the service seek advice and guidance from a reputable source, about the management of monitoring late visits and update their practice accordingly.

People in general spoke well of the management of the service. One person told us, "I have no issues with the carers on agency." Another person said, "The management are good. The previous registered manager] that just left, always checked on me and made sure I was happy."

Staff confirmed they felt well supported in their roles by the interim care manager. For example, one staff member told us, "She [interim care manager] seems quite nice from what I know, she was previously a supervisor here." Another staff told us, "I do feel supported even though they [registered manager] is no longer here. If I have any concerns I would go to the coordinator. We are listened to and respected."

The service had taken steps to interview and recruit a new manager who was due to commence employment by 24 October 2017, and will be put forward to be registered with the Commission. In the absence of an active registered manager, the service had brought in the care manager from one of their other locations to oversee the service. The interim care manager told us, "I'm covering until the registered manager starts. I have worked for the provider for four years and was previously a supervisor in this branch until last year. I feel very much supported as the provider is based in this office as well." As well as the aforementioned care manager in place, the operations director also spent time supporting the interim care manager, as did the provider who worked in the office; and was therefore on hand to provide guidance and support swiftly.

The service had developed a culture that was supportive and put people at the centre of the care they received. The service actively sought innovative systems to enhance the delivery of care, for example the electronic care management system and participation in the national pharmaceutical medicines management trial.

The service sought feedback to improve and enhance the quality of the delivery of care. People were encouraged to share their views through regular telephone checks and annual quality assurance

questionnaires. Once collated a report was developed which highlighted areas where improvements were noted. For example, 57% of people who responded to the questionnaire stated they were informed when staff were going to be late. Action taken to address this was evidenced. The service had set up a user forum. This enabled people to participate in a working group where ideas, suggestions and plans to develop the service were sought and acted upon, for example being part of the interview process for new staff members. After the success of the first user forum, the service decided this would be a regular event.

The service carried out regular audits to monitor some aspects of the service provision. Audits included medicines management, care plans, staff records and risk assessments. Audits relating to staff member's work performance were carried out regularly via unannounced spot checks. The manager of the service also completed a weekly audit that was then sent to the operations director. An internal annual audit had been completed in October 2016.

The service notified the Care Quality Commission of safeguarding and other required statutory notifications in a timely manner.

The service sought partnership working with other healthcare professionals and services to enhance their service delivery. This was evident in the use of development of the electronic care planning system and the medicines management trial with a leading pharmacy. A healthcare professional told us, "Overall good communication with them [the service] and quality of care. They [the service] try to answer us quickly." Records showed where advice and guidance was given from healthcare professionals this was then implemented into people's care plans.