A & D Hammonds Limited

Bluebird Care (Barking & Dagenham)

Inspection report

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Date of inspection visit: 14, 17 and 18 August 2015
Date of publication: 17/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place over three days on the 14, 17 and 18 August 2015 and was announced. The service was last inspected in December 2013 and was meeting all of the standards we looked at during that inspection.

The service is registered with the Care Quality Commission to provide support with personal care to adults and children living in their own homes. At the time of our inspection 50 adults were using the service. The service had a registered manager in place. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on a period of extended leave at the time of our visit and the nominated individual was taking responsibility for the day to day management of the service.

The provider did not always notify the Care Quality Commission of allegations of abuse. This was a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have asked the provider to take at the end of this report.

The provider had safeguarding and whistleblowing procedures in place. Staff undertook training about safeguarding adults. Risk assessments were in place which included information about how to manage and reduce risks. Staff told us they had enough time to provide people with support in line with their care plans. Systems were in place for the safe management of medicines.

Staff undertook training to support them to meet people's assessed needs. People were able to consent to their care and staff understood the implications of the Mental Capacity Act 2005. This is law which protects people who may lack the capacity to make some decisions for themselves. Where people were supported with food preparation they were able to choose what they ate. The service worked with other agencies to promote people's health and wellbeing.

People and their relatives told us they were treated with respect and that staff were caring. Staff had a good understanding of how to support people in a way that promoted their dignity.

The service carried out an assessment of people's needs and care plans were in place providing information about how to meet people's individual needs in a personalised manner. People knew how to make a complaint and complaints were responded to appropriately.

People relatives and staff told us they found the management of the service to be helpful and supportive. The service had various quality assurance and monitoring systems in place. Some of these involved seeking the views of people that used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. The provider did not always notify the Care Quality omission of allegations of abuse.

The service had safeguarding procedures in place. Care staff undertook training about safeguarding adults and were knowledgeable about their responsibility with regard to safeguarding.

Risk assessments were in place which provided guidance to staff on how to support people in a safe manner.

Staff had enough time to provide people with the support they needed. Recruitment checks were carried out on staff to help ensure they were safe to work with people.

There were systems in place to promote the safe administration of medicines.

Is the service effective?

Good

The service was effective. Staff undertook training and received one to one supervision to support them in their roles. New staff undertook induction training.

People were able to consent to their care and make choices in line with the Mental capacity Act 2005. This included making choices about what they ate and drank.

The service worked with other agencies to promote people's health and wellbeing.

Is the service caring?

Good

The service was caring. People told us the support they received was respectful and staff were caring.

Staff had a good understanding of how to promote people's dignity trough independence, choice and privacy.

Is the service responsive?

Good

The service was responsive. Care plans were in place. These were personalised setting out how to meet each person's individual needs. Care plans were regularly reviewed so they were able to reflect people's needs as they changed over time.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed. We found that complaints were responded to appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led. A clear management structure was in place. People told us they found the management to be approachable and staff told us they felt supported by senior staff.

The service had various quality assurance and monitoring systems in place. Some of these involved seeking the views of people that used the service.

Bluebird Care (Barking & Dagenham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 17 and 18 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we held about this service. This included details of its registration with the Care Quality Commission, previous inspection reports and any notifications they had sent us. We spoke with the local authority commissioning team with responsibility for the service.

The inspection consisted of one day spent at the service's office and two further days spent interviewing people and their relatives by telephone. We spoke with four people that used the service and four relatives. We spoke with seven staff. This included the nominated individual, the care manager, the assistant supervisor and four care assistants. We looked at six sets of care records relating to people which included care plans and risk assessments. We examined five sets of staff records including recruitment checks, training and supervision. We also looked at quality assurance and monitoring processes and various policies and procedures.

Requires improvement

Is the service safe?

Our findings

The provider had a safeguarding adults procedure in place which made clear their responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission (CQC). However, the service had one safeguarding allegation from June 2015 that was raised with them by a family member. The local authority had been informed of this but the provider had not made a referral to the CQC. When we raised this with the nominated individual they were aware that a notification should have been made and told us this was an oversight on their part. They completed the notification of this allegation to CQC during the course of our inspection.

Failure to notify the Care Quality Commission of allegations of abuse is a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

People told us they felt safe using the service. One person said, "Yes, I feel safe." A relative told us, "Definitely without doubt they are safe." The same relative told us, "My [relative] feels confident with all of them." People told us staff always arrived and there were never any missed care visits. One person said there had been "No missed calls." Another person said, "They never missed an appointment, never ever." People also told us that when two staff were required this was always arranged. A relative said "They always send two carers."

Records showed staff had undertaken training about safeguarding adults. Staff had a good understanding of the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. Staff were also knowledgeable about whistle blowing. The provider had a whistleblowing procedure in place. This made clear staff had the right to whistle blow to outside agencies if appropriate.

Risk assessments were in place which included information about how to manage and reduce risks people faced. For example, the risk assessments for one person stated that a zimmer frame was always to be kept upstairs and one always kept downstairs in the person's home so that they were always readily available. Other risk assessments covered mobility, infection control, medicines and the physical environment.

The nominated individual told us the service did not use any form of restraint when working with people.

The level of staff support people were provided with was decided by the relevant local authority that commissioned the care in consultation with the person that received the care. Staff we spoke with told us they had enough time to support people in line with their care plans and that when people needed the support of two care staff this was always provided. One member of staff said, "We never do double ups on our own." Staff said they had enough time to get from one person to another so that they were rarely late for appointments. One staff member told us, "If you are running late just one minute you have to ring the office." This was so they were able to let the person know that their care staff would be arriving a little late.

The provider had robust staff recruitment processes in place. Staff told us and records confirmed that various checks were carried out before they were able to commence working at the service. These included two employment references, proof of identification and criminal records checked. This helped to ensure that staff employed were suitable to work with people.

Staff told us and records confirmed that they had to undertake training about the safe administration of medicines before they were able to provide people with support to take medicines. Where support was provided with medicines care plans and risk assessments were in place. Staff were expected to sign a medicines administration record (MAR) charts each time they supported a person to take their medicines. We examined these and found they were completed and signed correctly. MAR charts included details of the name, strength and dose of medicines to be administered. Senior staff checked completed MAR charts to make sure medicines were administered appropriately.

Good

Is the service effective?

Our findings

People said that staff were trained about how to support them. A relative said, "They do what I have asked them to do." People told us that when new staff first worked with them they were accompanied by an experienced staff member to show them what needed to be done. People had choice about what they ate when they received support with meal preparation. One person said, "They ask me what I want and they go and cook it for me." Another person said, "I usually tell them what I want for lunch."

Staff told us and records confirmed that they had induction training on commencing work at the service. This included three days of classroom based training which covered essential topics for their work. For example, training about moving and handling, medicines and safeguarding adults. In addition to the classroom training new staff also shadowed experienced care staff as they supported people in their homes. This enabled new staff to learn about the individual needs of people and how to meet those needs. Records showed that new staff completed the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standards of care that are expected from staff that work with people in health and social care settings.

Staff told us and records confirmed that they received on-going training and support. Training provided to care staff included understanding dementia, the Mental Capacity Act 2005, Parkinson's disease, end of life care and health and safety. One staff member said, "I've had a lot of training." Another staff member told us, "Their training is really fantastic, and so many things they have taught us."

Staff told us and records confirmed that they had regular one to one supervision meetings. Staff sad they found this helpful, one staff member said, "It helps a lot because you can say what you have in mind." They told us they talked about the people they supported and if there were any issues or concerns they had.

The manager with responsibility for training told us they kept a training matrix which we saw. This enabled them to keep track of which staff had undertaken which training and to alert them when a member of staff was due for a training refresher course.

Care plans included an 'agreement' section which stated, "I have been involved in drawing up this care plan. I give my consent for the care to be provided in the care and support plan." People or their relatives where appropriate signed this section to indicate they gave consent to the care provided.

We saw some people had Advanced Care Planning decisions recorded. This was where they had recorded decisions about their future care in the event that at a later time they lacked the capacity to make decisions. For example, we saw one person had recorded the decision that they wanted to die at home and not go to hospital.

Staff were aware of the Mental Capacity Act 2005 and told us they supported people to make choices for themselves. One staff member told us, "We have to inform her (person that used the service) what we are going to do." Another staff member said, "I ask her what she wants and what she doesn't want. I allow her to give me the response, not only me talking." Another staff member explained how they supported people to make choices that did not speak English. They said they spoke with the person's family who were able to interpret for them. In addition, they used body language and objects of reference. For example, the staff member showed the person a cup which indicated it was time to take their medicine and they were given a drink with it. Another member of staff told us they showed people two sets of clothes so they were able to choose which one they wanted to wear.

Staff told us they gave people choices about what they wanted to eat where they supported them with meal preparation. One staff member said, "I ask them what they want for their dinner." Care plans included information about people's food and drink preferences. For example, one care plan stated, "I like my coffee black without sugar" and "I like cornflakes with fresh orange juice for breakfast." Another care plan stated about meals "There will be many things on offer so please give me the options."

We found that the service worked with other health and social care agencies to meet people's needs. For example, at a review of a person's needs the person said they needed a wet room in their home. The provider referred this issue to the local authority who made commitments to provide this for the person. The nominated individual told us staff noticed another person's mobility was deteriorating. Again, a referral was made to the local authority and the person's care package was changed to reflect their changing needs.

Good

Is the service effective?

Staff told us if a person was not well they would call for an ambulance or the person's GP depending on the situation. In addition they told us they would inform senior staff and ensure the person's relatives were informed.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring and that they were treated with dignity and respect. One person said, "They [care staff] are really good girls. I get on with them all." Another person told us, "I am very happy with their care. The carers are really great people." A relative said, "I think they [staff] are really lovely girls. They spend time with [person that used the service] and talk to her." Another relative told us, "They are just so good to my [relative]. They are fantastic, really good. The carers are brilliant."

The provider kept a record of compliments received by people that used the service. These showed people thought the service provided a caring service. One person wrote, "I am receiving good care from the carer which makes me feel better." A relative wrote, "Staff became close to my father and made him very comfortable and happy. He thought they were angels."

The nominated individual told us they sought to match staff with people where there was a common link. For example, if there was a shared language or cultural background. The care coordinator told us they matched staff that had relevant skills and experience to work with people. For example, staff with experience of dementia care were matched to work with people that lived with dementia. They also told us people were able to express a preference about the gender of their carers and people we spoke with confirmed this.

Care plans included details of the person's preferred form of address. They also included information about people's likes and interest such as hobbies. This helped staff to understand people and to interact with them in a personalised caring manner.

We found the service sought to promote people's dignity. This was done by promoting independence, choice and privacy. For example, care plans included information about not just what people needed support with but also what they could do for themselves. One care plan stated, "I am independent with putting on my glasses" which helped to promote their independence.

A member of care staff told us how they promoted people's privacy. For example, they made sure doors and curtains were closed while providing support with personal care. Another staff member described how they provided support with personal care in a caring and sensitive manner, telling us, "I go at her [person that used the service] pace, I don't rush her. When she gets out of breath I give her time to rest and regain her breath." The same staff member described how they promoted people's independence. They said, "She is able to tell me what she wants. I get her to do as much for herself as possible."

Staff told us that as they worked with the same people so they were able to build up good relations with them and to gain their trust. People we spoke with confirmed that this was very important to them and told us they valued having the same regular carers. One person said of their regular care staff, "I've had her since December so she knows what's what." Another person said, "I just have two or three [care staff] that I know."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "The care they give to me is excellent. Everything I want I get." The same person said, "They are the best thing since sliced bread." Another person told us, "They are organised. I've got one [care staff] that comes most of the time and most of the time they will tell you who will take their place." A relative said, "My relative is very happy with the people who come in and look after him."

The nominated individual told us that after receiving an initial referral senior staff met with the person to carry out an assessment of their needs. This was to determine if the service was able to meet their needs. The nominated individual told us the assessment included discussions with family members where appropriate in order to get a full picture of the person and their individual needs. They told us the focus of the assessment was to find out what the person wanted to achieve, what their goals were and how the service was able to support them to meet their goals.

Care plans were developed based upon the initial assessments They were reviewed after one month of service provision and then on a six monthly basis. People and relatives told us they were involved in the care plan review process. The reviewing of care plans meant they were able to reflect the support people needed as it changed over time. Daily records were maintained which helped to monitor the care that was provided at each visit to a person.

Care plans contained detailed information about how to support individuals in a personalised manner. For example, about which flannels and sponges to use, what areas of the body were to be washed and how people liked their hot drinks to be served.

Care plans included a section on communication which included personalised details about how to support people to communicate. For example, one care plan stated, "Because I am not able to easily communicate verbally I will write things down on my note pad what I would like from the care workers. I can use small phrases like yes and no."

Staff had a good understanding of the individual needs of people they supported and told us they were expected to read care plans. One staff member sad, "We always read the care plan, that's the first thing we do. It's very important."

People told us they knew how to make a complaint if needed. A relative said, "We do let the management know if there is a problem and they act on that and sort it out."

The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the provider.

Although staff said they had not received any complaints they had a good understanding of how they were expected to respond if a complaint was made to them. Complaints made were recorded and responded to appropriately. For example, a person made a complaint that they were not getting the same regular carers and records showed this was addressed to the person's satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management at the service and that they were consulted about the service provided. One person said, "They phone me and ask if I am still happy with the care." Another person told us a senior member of staff visited them and said, "They asked me questions and I said I've no problems at all." A relative said, "I've had a few calls to ask if the care plan is OK and that kind of thing." The same relative also said, "I am quite happy with them at the moment. I like the contact, they call me if anything is wrong."

The service had a registered manager in place who was on an extended period of leave at the time of our inspection. The nominated individual had taken over the day to day management of the service during the period of the registered managers leave. The nominated individual was supported by care-coordinators and administrative staff in the managing of the service.

Care staff told us they found senior staff to be supportive and helpful. One staff member told us their rota did not allow sufficient time to get between people to make appointments on time. They said they raised this with the nominated individual who changed the rota so that it was more manageable. They went on to say that the service was a, "Very good company to work for." The same staff member described the nominated individual as, "Very helpful and supportive." Another member of staff said, "Really good support from managers, I can talk to them anytime." Another staff member said, "As far as I am concerned they are a good company. They listen to concerns and act upon them."

Care staff told us the provider had an out of office hour's on-call system so that support from senior staff was always available if required. Staff said that anytime they had used the on-call number the phone had been answered almost immediately. One staff member told us, "Even when I am working at night if I ring the phone they always answer."

Various audits were carried out. For example, care plans and risk assessments were regularly checked to make sure they were up to date and that reviews took place as required. Staff files were audited to make sure they contained all required information and a matrix identified when a work visa was due to expire.

Staff told us and records confirmed that regular staff meetings were held. One staff member said, "We have team meetings every month." Staff told us these gave the opportunity to have a team discussion about practice issues such as administering medicines.

The provider carried out spot checks. These involved a senior member of staff going to a person's home when their care was due. The person was informed of this in advance but the care staff member was not aware. Records of these spot checks showed they checked punctuality, if the care staff were appropriately dressed, how the staff interacted with the person and how well they understood their support needs. The senior staff also used the opportunity to talk to the person to see if they were happy with the service provided and the care staff that work with them.

Staff from Bluebird Care head office carried out an audit of the service in May 2015. We saw the provider had produced and began to implement an action plan in response to the audit. For example, the audit report recommended that the service introduce staff surveys and this had been done. One of the issues highlighted in the staff survey was staff felt there could be better communication between office and care staff. The nominated individual told us to address this they had increased the frequency of staff team meetings which gave all staff the opportunity to communicate with each other and discuss relevant issues.

The nominated individual told us and records confirmed that a six monthly survey was carried out of people that used the service. The most recent survey was carried out in May 2015. We saw that the results from that survey were mostly positive. Where a person had expressed dissatisfaction with something the provider had responded to them individually about how they were addressing concerns raised, such as staff punctuality. This showed the service acted upon feedback from people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider must notify the Care Quality Commission of any allegations of abuse involving service users. Regulation 18 (2)**