Michaelandtaniahackett Limited

Bluebird Care (Islington) & Bluebird Care (Hackney)

Inspection report

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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 on 30 November and 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in. This was our first inspection of this location since it's registration with CQC. The service was previously registered at a different address.

Bluebird Care (Islington) & Bluebird Care (Hackney) is a domiciliary care agency providing support to adults in their own homes in Hackney and Islington. At the time of the inspection there were 35 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail for staff about how to manage specific risks.

There were enough staff to meet people's needs however poor communication about the rota caused calls to be missed or late on an infrequent basis.

People felt safe and were protected from the risk of potential abuse by staff who were suitable to work in the caring profession.

Medicines were managed appropriately and recent recording errors had been picked up by the service and plans were in place to rectify the problem.

Staff were trained to carry out their roles and were supported by management by a robust induction period.

The provider followed the latest guidance and legal developments about obtaining consent to care. Staff used a range of communication methods to support people to express their views about their care.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

Staff developed caring relationships with people using the service and respected people's diversity and privacy. life histories were not always included in care plans to tell care staff how to support the individual but in practice, people's consistent care staff provided care tailored to that individual.

The provider gave opportunities for people to feedback about the service and staff and relatives felt that the culture at the service was open and approachable. The service was organised in a way that promoted safe care through effective quality monitoring.

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?

Aspects of the service were not safe. Risks to people's health and wellbeing were not managed appropriately.

There were enough staff to meet people's needs however the rota was not always communicated effectively to care staff.

People felt safe and were protected from the risk of potential abuse.

Medicines were managed appropriately.

Requires improvement

Is the service effective?

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

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough and to receive care from health and social care professionals.

Good

Is the service caring?

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected.

Good

Is the service responsive?

The service was responsive. People were formally involved in planning their own care.

Care staff provided care tailored to the individual.

Relatives felt able to raise complaints should the need arise.

Good

Is the service well-led?

The service was well led. The service had an open and collaborative culture.

The service was monitored to ensure the care delivered was of a high quality.

Good

Bluebird Care (Islington) & Bluebird Care (Hackney)

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.

The inspection took place on 30 November and 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff were are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by two inspectors. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with the two directors, the registered manager and the coordinator. We looked at six people's care records, and four staff files, as well as records relating to the management of the service.

Subsequent to the inspection we made telephone calls to two people who use the service and five relatives. We also made telephone calls to three care staff.

Requires improvement

Is the service safe?

Our findings

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail for staff about how to manage specific risks. For example, the risk assessment for a diabetic person did not inform staff about what to specifically look out for if the individual became hypo or hyper glycaemic or what action must be taken to minimise the risk to that individual. Similarly, mobility care plans and risk assessments were not complete meaning staff could not rely on them for guidance.

The issues above related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to meet people's needs. The provider tried to ensure that people were supported by a core team of care workers. One person told us, "There are only a couple of people I work with. They do well with that." Any absences were covered by other care staff or office staff to ensure people's needs were met.

However, relatives told us they were not informed ahead of time when a new member of care staff would be supporting their family member that day. Typical comments included, "We are not being made aware when a new carer would be in attendance" and "They don't always identify themselves with an ID badge and we are not told that a new member of staff is coming." Relatives and staff told us that there were infrequent incidents of missed or late calls owing to poor communication between the office staff and care staff about the rota. Relatives told us, "It's just management to carers needs more communication as they make mistakes with the rota." And, "There is poor communication about the rota with staff and families." Staff told us, "There is a misunderstanding with timesheets and rosters – you have to let your carers know if you don't the carers don't know where to go." The provider had recently begun to audit missed or late calls and had taken action where required.

People were protected from the risk of potential abuse. People told us they felt safe when supported by care workers and knew who to contact if they had any concerns. One person said, "Yes, I feel safe. I would contact Bluebird if I didn't and then get on to the council." Relatives felt their family members were safe, "Yes, I trust the people here." "It's most definitely safe." Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse and were aware that they were to report any concerns to their line manager.

Staff were aware that they could escalate poor practice to outside agencies such as the local authority safeguarding team, the Care Quality Commission and the police if they felt the matter was not dealt with appropriately internally. Staff were guided by an appropriate policy about safeguarding adults abuse and the topic had been discussed at a recent team meeting. The registered manager and directors had a good understanding of her responsibilities in reporting allegations of abuse to the appropriate authorities and we noted allegations of abuse in the past 12 months had been recorded and dealt with appropriately.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed four staff files that were clearly presented and contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references.

Medicines were managed appropriately. A person told us, "It's OK with my medicines." Staff had received training to administer medicines properly and their competency had been assessed. Staff were aware of where to find out information about potential side effects. Recent medicine audits had identified recording inaccuracies on medicine administration records and the provider had discussed these with the staff involved and we noted that refresher training had been scheduled.

Good

Is the service effective?

Our findings

Staff were trained to meet people's care and support needs. One person told us, "I think they're reasonably good." Relatives felt that the care staff who consistently supported their family member were well trained, "They are highly trained, the one's that come here." The provider supported people in obtaining national qualifications. The registered manager had a system to make sure staff received relevant training and was in the process of booking refresher training.

New care workers underwent an effective induction during their probationary period and spent time shadowing more experienced staff members. We noted that informal training needs were identified during supervisions and spot checks and staff were supported to improve in their work.

The Mental Capacity Act 2005 (MCA) provides the legal framework to protect and support people who do not have the capacity to make specific decisions. The registered manager had a good working knowledge of current legislation and guidance. We noted that, where appropriate, mental capacity assessments were kept in people's files and those who were to be involved in making decisions in people's best interests were recorded. Records demonstrated that the service had involved health and social care professionals to support people to make decisions about their care. Care staff had a basic understanding of the principles of the MCA. We noted that the provider was not restricting anyone's liberty so no applications to the Court of Protection had been made.

People were supported to eat and drink enough. A relative told us, "Every time I go there are always snacks and liquids on the side table." The majority of people were assisted by relatives with their meals but support from care staff was detailed in care plans. Daily logs demonstrated that staff frequently prepared meals and provided fluids in line with these care plans.

There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as occupational therapists and GPs. Relatives informed us that the provider fed back to them if they had concerns about their family member's hygiene or health needs in order for the person to receive care from healthcare professionals in a timely manner. Staff were aware of situations that may impact adversely on people's health and how to monitor people for signs of deterioration.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. People told us, “They are quite good. There is good camaraderie between us. We have a little laugh and a joke. There’s nothing he won’t do. He will go and get me a couple of things.” Relatives told us, “They are better than the rest, they actually care about my [family member].” Spot checks assessed staff interaction with people and frequently referenced the ‘patient’, ‘calm’ and ‘gentle’ manner of care staff.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. People told us that care staff asked them what they wanted to do and provided flexible support in order to assist them. Relatives told us that staff took the time to communicate with their family members, even where they could not fully express their views. One relative said, “They speak to her. Other agencies don’t and just push her around. But they know her.” Records demonstrated that care staff were attentive to people’s facial expressions when giving people choices.

People’s diversity was respected. One person told us how they would discuss their religion and religious practice with their care worker and vice versa. They said that the topic was “free and open.” Relatives stated that care staff understood their family members’ backgrounds and staff demonstrated how this understanding could improve the work they undertook.

Staff respected people’s privacy and dignity. Relatives told us that support is given without any “undue embarrassment” and that they “treat [my family member] like a lady. Every day they do that. They don’t have an off day.” Staff told us they took measures to protect people’s confidentiality by not discussing the people they support with others outside of the provider.

The provider supported people’s independence. A relative told us staff were aware of their family member’s wishes for independence. Staff explained how they supported people to carry out certain tasks themselves and care records had guidance for staff about how to do this.

Good

Is the service responsive?

Our findings

Care plans were developed following an assessment of needs carried out by the local authority. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs.

People were involved in planning their own care. Care records were written from the first person and contained details of their personal preferences. People had signed them to evidence their involvement. There was a written record about who should be involved and relatives stated they were happy with the input they had. There was evidence that health and social care professionals were also involved where appropriate. We noted that documents were reviewed following a change in someone's needs such as following admission to hospital.

However, the provider was inconsistent in recording people's likes and dislikes and life histories. If such details weren't captured at an early stage there was not a system in place to enter the details once more knowledge of the person had been gained. This meant that care staff may not have always had sufficient information to ensure that they met people's individual needs and preferences effectively.

In practice, there were examples of care staff providing care that was tailored to people's needs, likes and dislikes. A relative told us about a time when the member of care staff had shown understanding of the issues that their family member was facing and support given to meet these needs. Care staff spoke about working with someone to increase their wellbeing following a change in their mobility needs.

The provider gave opportunities for people to feedback about the service and any complaints received were managed effectively. People told us that they knew who to contact if they have concerns and felt that they were listened to. One person said, "I've rung them up if I need a change and they've always done it." Relatives indicated that they felt able to raise concerns and had confidence they would be dealt with. One relative said, "I'd speak to the manager. [The director] is also very good at liaising with me. If anything happens it's always resolved things quickly." Another explained, "If there are any issues [the Director] or [registered manager] will come out to my family's home to deal with it." We reviewed the complaints log and found that the complaints recorded had been discharged appropriately.

Good

Is the service well-led?

Our findings

The provider had recently recruited to leadership positions and management positions were fully staffed. Two Directors took responsibility for oversight of the running of the service and the registered manager and a supervisor were involved in day to day operations. The service was well managed. People who used the service were aware of the registered manager and Directors and found them approachable. Relatives spoke highly of one of the Directors, “He makes an effort to provide a good service. His intention and heart are in the right place. I can call anytime and he comes back to me.”

There was an open and positive culture at the service . Relatives told us the service was ”professional” and there was a “willingness to improve.” Staff found the atmosphere “friendly and welcoming, a relaxed working environment.” Internal communication systems for staff to contribute their views about the service were available. We noted there were frequent team meetings where topics that had been highlighted in audits were discussed. Staff found these useful, “We talk about new ideas in team meetings. What we feel if we are not happy about it they have to change it…we’re not worried about raising anything.” Regular supervision sessions provided a good forum to discuss staff performance and areas where further development was needed. The provider conducted annual staff surveys to gather feedback from the team, although responses were not anonymous.

The service was organised in a way that promoted safe care through effective quality monitoring. A range of audits, such as, medicines audits, were regularly carried out and action plans were drafted to drive forward improvements. We noted that these were completed in a timely manner and necessary improvements had been made. A recent service-wide inspection had been conducted by Bluebird Care management. The provider had recently begun to gather formal feedback via questionnaires from people, their relatives and health and social care professionals to better plan the running of the service.

Care staff performance was monitored via spot checks. Relatives told us, “Spot checks happened a lot [they] popped in. Everything is running smoothly. I can sleep happy knowing [my family member’s] happy and comfortable.” Effective action plans were followed after these sessions.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b)