Care Quality Commission

Corden Assist Limited

Bluebird Care (Wandsworth)

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?	Outstanding

Overall summary

This inspection took place on 25 November and 3 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This service was previously registered under a different name; this was the first inspection of this service under its new registration.

Bluebird Care Wandsworth (Corden Assist Ltd.) is a home care and live in care agency, covering the London Borough of Wandsworth. At the time of the inspection they were providing a domiciliary care service to approximately 100 people. There was a registered manager at the service. 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.

People that we spoke with told us they did not have any concerns about their safety. Care workers were given training in safeguarding were able to identify different types of abuse and told us what steps they would take if

Summary of findings

they had concerns for people's wellbeing. We found that the provider took action when concerns were raised and worked with other agencies to ensure people were kept safe.

People told us that staff were caring and respected their privacy and maintained their dignity. Where possible, people were given regular care workers and the provider tried to ensure that people were supported by care workers that had similar interests to them or someone they requested, this meant they were responsive to the needs of people using the service

Thorough assessments took place before people started to use the service. People's support needs and preferences in how they wanted to receive care were documented and then developed into care plans. Risk assessments were completed for individual support needs including medicines management, moving and handling and nutrition, these had associated control measures which helped to ensure people were supported in a safe manner. People's support needs were reviewed every quarter.

Care workers told us they enjoyed the work they did and received excellent support from the management team.

Due to a period of growth, the provider had expanded its management team to meet the needs of the business and as a result there were opportunities for promotion within the organisation.

There were robust recruitment checks in place for staff. Care workers were required to complete an application form, provide proof of address, identity, right to work in the UK and completed criminal record checks. There was a comprehensive induction programme in place for new care workers and they received ongoing support through their probation period by an assigned mentor. New care workers shadowed more experienced care workers before they started to deliver personal care independently.

People were encouraged to raise concerns or complaints through regular monitoring visits that took place. Where complaints were made, the provider took action to try and improve the service.

Robust quality systems were in place including unannounced observations, review of support needs, incident and accident monitoring. The provider carried out surveys to gather the views of people using the service and there was an ongoing improvement plan in place which was reviewed every three months.

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?

Good

The service was safe. Care workers were familiar with safeguarding procedures and the provider took action where concerns were raised.

The provider had robust recruitment procedures in place.

Care workers had attended training in the safe administration of medicines and people's medicines support needs were documented.

Is the service effective?

Good

The service was effective. Care workers attended a comprehensive induction before they started to deliver care and were given opportunities to gain further qualifications in health and social care.

People's dietary requirements and health care needs were documented clearly and had their needs met.

Staff were aware of the importance of asking for consent when providing personal care. They had received training in the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People's preferences were considered when allocating care workers.

People told us that staff were caring and respected their wishes. Care workers were aware of the importance of privacy and dignity when delivering personal care.

Is the service responsive?

Good

The service was responsive. Thorough needs assessments were carried out prior to people receiving a service from the provider. People were involved in planning their own care.

A new IT system had been implemented to document assessments, care plans and record visits. This worked well.

Complaints were responded to and investigations held in response to concerns raised.

Is the service well-led?

Outstanding

The service was well-led. Care workers told us they felt well supported by the management team and enjoyed working at the service. The manager received good support from the management team in place, including the directors.

Quality assurance checks were completed, these included checks on staff files, care plans, unannounced observations and feedback survey for people.

Action and improvement plans were in place.

Bluebird Care (Wandsworth)

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 25 November and 3 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews with people using the service after the inspection. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. The PIR is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

We spoke with six people using the service, four relatives and staff members including the registered manager, four care workers, two customer services managers, a field care supervisor, a care co-ordinator, the recruitment manager and a director. We looked at records including six care records, training records, staff supervision records, care plans, complaints and audits. We also contacted 17 health professionals after this inspection to gather their views, we heard back from six of them.

Good

Is the service safe?

Our findings

People indicated that they felt safe with the provider and their care workers. They told us they had a small number of regular care workers that they had got to know and vice versa. They said they were happy with the current care workers they were supported by and that they were keen to keep them. Some of the comments included, "I'm entirely happy. They are brilliant" and "I've a very good carer at the moment." One relative told us, "They go in during the day so he's not on his own."

Care workers we spoke with were clear about what safeguarding meant and were able to describe different types of abuse and how they would recognise signs of potential abuse regarding a person they were supporting. One care worker told us, "I would call the office if I had any concerns and then follow it up." There was evidence that the provider raised safeguarding concerns with the safeguarding team at the local authority when they had grounds to suspect abuse and took appropriate action.

Risk assessments for people using the service were completed by a customer services manager during the initial needs assessment. They looked at ways in which they could provide a service that was safe for people including assessing risk in relation to the environment, medicines, nutrition and hydration. Each assessed risk identified control measures needed to minimise the risk. Moving and handling risk assessments were specific to individual situations such as when bathing or transferring from one position to another. They contained the level of support required and the registered manager told us that any additional records such as guidance from occupational therapists were contained in people's files at home for staff to refer to. Risk assessments were reviewed as and when a need arose or during their reviews.

The provider took steps to try and ensure people were kept safe through the robust recruitment of staff. Staff that we spoke with told us they submitted an application form when they first applied and attended an interview with the registered manager. One care worker said, "I had to bring in my qualifications and my passport and proof of address." They also told us they had to provide two references and completed a criminal records check. Care workers shadowed more experienced staff before they supported people by themselves. Staff files contained a front sheet with a checklist as to what information they had provided, for example an application form, proof of identity, their right to work in the UK, criminal records checks and references. The registered manager explained that the interview consisted of a series of questions related to the role of a care worker and also a psychometric test to see if they were suitable for a role as a care worker. We saw evidence of this in the records that we reviewed.

The induction for new care workers had also been amended so that the three day induction was used as an assessment to see if people were suited to the role.

There were sufficient care workers to meet people's needs. Nobody that we spoke with mentioned any missed visits to their home. People said that timekeeping was generally fine and the expected tasks were completed as appropriate. The provider had split the staff team into different geographical areas, one of the advantages of this was to reduce the time care workers spent traveling between visits. Staff told us the time allocated to people was sufficient to meet their personal care needs. When people first started to use the service they were introduced to a 'team' of care workers so that if their regular care workers were absent, they could be supported by people that were familiar with their support needs.

The people we spoke with who had assistance with their medicines indicated they were happy with the support they received from the care workers. We saw evidence in the staff files that staff were regularly assessed in their competency in administering medicines, field care supervisors completed a 'medication quality assurance' form so that any concerns would be picked up and addressed quickly.

Where people required support with their medicines, a medicines support plan was in place. The level of support, along with people's prescriptions, risks and control measures were identified. Consent forms to support people with medicines were signed by people or their next of kin where appropriate. In some of the care plans we saw, it stated that people needed prompting with their medicines but there were no further details or guidance as to the required level of prompting and whether this needed to be recorded. Where people required staff to administer medicines, the form, route, where it was kept, the dosage and other notes were clearly recorded as scheduled tasks for care workers to complete.

Good

Is the service effective?

Our findings

A person using the service told us, "I'm very happy with the current carers I've got. They provide a range of support on a daily basis and the two people I've got are really great." Another person said, "I think they are excellent in every respect. They pay attention to my needs, they are punctual, reliable and professional. Everything about them is first class."

New staff signed a contract on the last day of the first part of the induction and were then put on a 12 week probation which included shadowing an experienced care worker and a fourth and fifth day of induction. New care workers were supervised weekly. We saw evidence in the staff files that new staff completed a review at the end of their probation looking at their performance and if they needed any extra support.

During the first three days of employment, first aid, safeguarding, dementia awareness, food preparation, infection control, health and safety, medicines management and managing challenging situations training was delivered to new care workers. In addition, they were given information about the service, their role, the roster and the on call procedure. After four weeks of shadowing, they returned for a fourth day during which they took part in role play and some interactive teaching about various situations such as upholding people's privacy, dignity, following safeguarding procedures and protecting people's rights amongst others. Day five consisted of reflective practice and end of life training. A Care Certificate practice assessment and questionnaire was completed as part of the induction training. One care worker said, "The induction training helped me a lot. Everything was explained to me."

We found that care workers were supported through regular supervisions and softer mentoring. Staff had regular supervisions with their line manager, these sessions were recorded and a copy kept in their staff file. Actions to be followed up were uploaded onto the staff plan system to be followed up at subsequent sessions. A team leader explained that part of their role was to assess the new care workers and also to demonstrate good practice to them. They also acted as a mentor so new care workers could speak to them about anything they were concerned about.

The registered manager spoke to us about the provider's career structure for care workers.; All Care workers were offered the opportunity to develop their careers further by completing recognised health and social care qualifications. At the time of our inspection, 15 care workers were working towards these in addition to completing in house training. The provider was also introducing of a new appraisal system for all care workers to formally review career development goals for care workers.

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. 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.

People told us they had been involved in the planning of their care. They told us they had a copy of their care plan. Some of the comments were, "It was a lengthy and thorough process and we felt fully involved", "Yes. I told them what I needed". A relative said that the care had been increased 18 months ago and indicated that there was also another agency involved and it all worked together well with "clear roles and responsibilities."

Staff told us they were aware of the importance of asking for people's consent before providing personal care. They told us that people sometimes needed encouragement when having personal care needs met, and that they respected people's right to say no. One care worker said, "If they refuse, I would ask him again and try to encourage him gently. If he continues to refuse, I would record it in my visit notes and inform the office." Another said, "I try to encourage them but would respect their wishes." Care workers had received training in the MCA and conditions which could affect people's ability to make decisions such as dementia awareness. They completed role play scenarios about upholding and protecting people's choices, their rights and mental capacity. One care worker said, "The Mental Capacity Act is used when people are unable to take certain decisions for themselves, we then have to involve their families."

Good

Is the service effective?

Care records contained recorded consent to care, medicines consent and GP contact consent forms for people. Where people were not able to consent for these, a person with Lasting Power of Attorney was consulted. Where appropriate, the views of people's relatives were sought when assessing risk and developing care plans.

People who had assistance with meals indicated that they were happy with this support. People's nutrition and hydration support plans identified the type of support they needed, the type of food and drink they liked. They also identified how people liked their food to be prepared and any other preferences. Any associated risks and control measures to manage the risk in relation to nutrition and hydration were recorded. One care worker told us, "I give him porridge for breakfast. Yesterday I gave him fish and vegetable for lunch. It's all in his care plan." Another said, "I prepare food, sometimes they help me."

Care workers gave examples of how they supported people with their health care needs. One care worker said they had arranged an appointment with the GP. Others said they had contacted the office in the first instance who had then got in touch with district nurses. People indicated that staff were mindful of their general health. They told us, "'[the care worker] is good. She offers advice", "If she's unwell, they'll help her", "They keep an eye on me'" and "They help with personal care and anything else that he needs help with." People's medical history, any diagnosis and how it impacted on their lives were recorded in the files.

Good

Is the service caring?

Our findings

People and their relatives said that staff respected their choices and did not restrict their freedom. They said, "[My family member] tells them what he'd like them to do and it's working very well, as it's flexible", "[the care worker] offers her advice, which she can decide to take", "They are very good. They are patient and let her take her time" and "They keep him company and will take him out if he wants to go." They also spoke highly about their care workers, "They are very professional and caring", "They are polite and respectful", "They respect my needs and wishes" and "They are very good."

The registered manager told us they always expected care workers to leave people in a comfortable setting before they left and to ensure they had a drink next to them along with access to a phone. We saw that this was covered as part of the induction for new care workers. Psychometric tests that care workers were required to complete when they first applied for the role of a care worker looked at their suitability for a role caring for people. Induction training for new staff also included protecting people's privacy, dignity and self-respect.

Nobody highlighted any issues around privacy or dignity, they said "[The care worker] doesn't invade my personal space" and "They make sure the doors are closed and assist her to get dressed quickly." During our conversations with care workers they spoke of the importance of respecting people's privacy and dignity. They gave us examples of how they did this by making sure personal care was carried out in a closed environment and not exposing a person's body if it was not necessary. One care worker said, "I use a towel to cover him up." Guidance on how care workers could maintain people's dignity and privacy when supporting them with personal care were recorded in their care plans.

Care workers told us they worked as part of a team of regular care workers for people they supported which meant they were familiar with people's needs and which helped them to get to know people, their preferences and how they liked to be supported. Care workers explained ways in which they supported people, "I cook, do general cleaning." Anyone who had assistance with shopping indicated that it worked well. For example, a relative said that the care workers took their relative shopping and "helped him use the self-service machines" and "were teaching him how to use it for himself" as part of "generally increasing his confidence." Another relative said, the care was about "giving [their relative] confidence."

The customer services manager was employed to ensure that all aspects of customer care could be managed through a single point of contact. The customer services manager told us their role was to develop and maintain a close relationship with people using the service and their relatives. They carried out the initial assessment of needs and always followed up with a phone call after the first visit to see if people were happy or if anything needed changing, for example the times of the visits. A subsequent review was done after one month and thereafter every quarter. People were matched as far as possible to care workers who shared similar interests or someone they requested. For example, people that had requested more mature care workers or a specific gender had their needs met.

We saw evidence that people were involved in care planning and were involved in making decisions about their care. A copy of people's care plans was kept in their homes. Care plans and risk assessments had been signed by people using the service or their next of kin, indicating their agreement to it.

Good

Is the service responsive?

Our findings

One person told us, 'I'm very satisfied with them." Another said, "It's a very good service. They do the things they are supposed to do in line with our requirements."

We spoke with the customer services manager about the process for accepting new referrals. They told us they would get basic information on the phone about the type of support needed and answer any questions that people or their relative had. A visit would be arranged and any family members or friends were invited if people wanted. During the initial home visit an environmental risk assessment would be completed and a more detailed assessment of people's support needs. The customer service manager said if there were any concerns about people's mobility, they would ask them to get in touch with their GP for an occupational therapist referral. They used this visit to also record details of any allergies and record people's consent. People were left with an information pack giving them information about the service.

The customer services manager also said they would try and find out any additional information such as previous jobs, hobbies and interests which they could use to match suitable care workers. We saw evidence that this information was included in the summary section of people's care plan. They said, "I would ask them if they had any preferences for a care worker, if they wanted a specific age group. We bear that in mind when allocating care workers." The customer services manager always attended the first call with the care worker. They said, "I would show them the care plan at the first visit." Every person was given a copy of their care plan to keep at home.

Discussions were held with the care coordinators to see which care worker would be appropriate and once identified, they would arrange for the care worker to meet the person they would be supporting either prior to or at the first visit. Care coordinators we spoke with told us they were responsible for ensuring new people were inputted onto the system and matching them with appropriate care workers. They said they worked closely with the customer services manager and asked for their input about what people were like and what their interests were. They said, "If people have a diagnosis of dementia, I make sure they are sent care workers who have had training in dementia."

A care plan was developed based on the information gathered during the initial visit. If requested, a copy of this was emailed to people so they could review it and make any changes that were needed. Care workers confirmed they received all the relevant information prior to visiting a person for the first time.

The provider had recently implemented an online system and an associated mobile application to document all their assessments and care plans. Care plans were all documented electronically and care workers had a mobile application on their smartphone so they could check risk assessments, care plans and other details. Care workers completed their visit times and visit records on the mobile app which synched immediately to the main system. If there was no internet connection, changes would be saved offline and then saved onto the system once internet connectivity was restored. Care workers were supplied with a smartphone if they did not own one themselves.

We reviewed the IT system and the mobile phone application during our inspection. Assessments were also recorded onto the IT system and were split into a number of areas including, care assessment, support network, what is important to me, generic care and support plan, medicines, person care, moving and handling, nutrition and hydration, housekeeping, social inclusion assessment, financial support, external and internal environment assessment.

Each person's care records on the IT system was split up into 'outcomes', 'tasks' and 'visits'. Outcomes included the expected aims for people. Each outcome had associated tasks to support people in this regard. Care workers were expected to tick off when each task had been completed but were also expected to complete visit notes providing more detail about the task done, for example what food had been prepared, what personal care task had been completed.

The mobile phone application was user friendly and easy to navigate. It gave people a summary of the tasks to be carried out at each visit and care workers completed their visit records once their task had been done. Information related to people's support needs with regards to their medicines were also available on the application. Alerts were sent to the customer services manager if care workers did not tick off that a certain task had been completed. They were then able to follow this up with the individual

Good

Is the service responsive?

care worker or the person using the service if required. Care workers told us they liked the new system, saying "It's convenient, it has all the information" and "changes can be made instantaneously."

People told us that they felt appropriately informed of any changes to their support provision. They also said their care plan was regularly reviewed. One relative mentioned that the care had been increased 18 months ago to accommodate their family member's changing circumstances. A hard copy of the care plans and risk assessment was retained in the office and a copy given to people to keep at home. We reviewed some hard copies of the care plans for people using the service.

People were given details about how to raise concerns or complaints in their folder which was issued to them. Customer services managers were also proactive in exploring complaints from people or relatives during regular review meetings that took place every quarter.

One person told us, "I've nothing to complain about the care I am getting." One person mentioned that their initial care worker was not as punctual as they would have liked so they contacted the provider and this was resolved immediately and appropriately. They then told us, "Bluebird Care (Corden Assist Ltd.) provide an impeccable service and my current carers are very professional." One person using the service told us that although at the beginning they did not "connect" with the initial care workers, things had worked out well as the provider had listened and changed the care workers. Another person said, "The carers I've got are brilliant."

We reviewed the 16 complaints the service had received over the past year. We saw evidence that some of these were upheld and in all cases, the complainant was responded to appropriately. Although there were no outstanding complaints, we found that follow up actions were not always clearly recorded, for example whether staff had attended training or other action that had been taken.

Outstanding ☆

Is the service well-led?

Our findings

People using the service told us they were satisfied with the provider. They said, "At the moment it's all working fine", "We've been very satisfied so far", "It's a very good service and we look forward to it continuing", "I would heavily recommend them" and "It's going very well. I have confidence that it will be ok. It seems professional and they are able to anticipate issues well in time so I have confidence in the service."

All new care workers were given an introduction to the provider and its values during their induction. People using the service were issued with an information leaflet giving details of the owner and the registered manager.

Care workers told us that the registered manager and other office based staff were very supportive. Care workers told us, "I do enjoy it. We get really good support." Another said, "I really enjoy coming into work." They also praised the mentoring that had been introduced, which was more focussed on the well-being of staff, such as their work life balance, offering support to care workers who supported people on end of life care.

There was a registered manager at the service. The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place and these were submitted as required. The registered manager told us he received support from the directors who were a visible presence in the office. Team meetings for care staff were held and we reviewed minutes from the last meeting that was held in November 2015. We saw that care workers were encouraged to provide both positive and negative feedback which resulted in action points for the management team to follow up. Care workers were provided with information about the business and training opportunities.

The service had undergone a period of growth recently and had responded to this by increasing the management team and opening up opportunities for valued staff members. We were shown the organisational structure in place which showed the new positions that had been created within the organisation, including customer services manager, team leaders, field care supervisors, and care coordinators. The service was overseen by the registered manager, customer services managers were customer facing and carried out initial assessment of needs and responded to ongoing customer concerns. Field care supervisors carried out unannounced observations of care workers, formal supervision and mentoring. Care coordinators managed the allocation of care workers to people and their hours.

The provider had taken steps to try and identify talented staff within the team and there was evidence that staff that showed enthusiasm and willingness were given the opportunity to progress within the organisation to more senior positions. The registered manager said, "We are trying to provide an alternate ways of progressing through the organisation, not just the traditional route." Care workers told us, "Its brilliant here. I've worked my way up." Other people said the registered manager was "fantastic" and "easy to talk to.". Staff told us they really felt the benefits of splitting up roles, which meant they could focus on their own jobs. For example, one staff member said, "We are not bombarded with recruitment enquires, someone else handles that. That means I can concentrate on my job. I can focus."

The provider had recently undergone an innovative change in the way that it operated and was effectively working towards becoming paperless. A new online IT system had been introduced which was used to record the initial assessment, risk assessments and care plans for people using the service. There was also a corresponding secure, mobile application which care workers used to record their visits, review risk assessments and care plans and complete their daily records. This system had been introduced in September 2015 and the majority of people had been transferred onto the system. Record and visit books were still kept in people's homes in case the system failed. Care workers told us they found the system "good, easy to use", and convenient, "If I'm not sure what needs to be done, I just check my phone."

There were robust checks in place to monitor the quality of service given to people. Each person had a one week telephone review after they first started to use the service, then a one month telephone review. After that, reviews were held every quarter to monitor the quality of service. We reviewed some of the one week and month records and saw that people were asked for their opinion on a number of issues including if care workers arrived on time, if they stayed for the duration of their visit, did they follow the care plan, any areas of concern, the care workers competency and if they were satisfied with the arrangements in place.

Outstanding ☆

Is the service well-led?

The quarterly reviews were more comprehensive in scope and depth, they reviewed the care in place, the support plans, moving and handling plans, medicines, nutrition/ hydration, social support, and customer feedback on the quality of service. The provider had an effective system to ensure that reviews took place on their scheduled times and customer service managers were alerted to when a review was due.

Care workers confirmed they were observed in people's home by the field care supervisors. One care worker said, "They give constructive feedback, little hints in case you forgot something." Care supervisors told us their role involved observing care workers supporting people in their own homes and to give advice where shortfalls were identified. They also did observations of safe medicines practice and formal one to one supervision.

A customer satisfaction survey from 2014 was sent to people and their relatives, the responses to which were built into the action plan for the service to help drive improvement. The survey for 2015 had been sent out in October and the provider was still waiting for all responses to be received before analysing the results. We had a brief look at the completed surveys and saw mainly positive comments. We reviewed the compliments folder and saw that people had commented positively on the quality of service, terms such as "professional", "caring", "reliable", "excellent job", "communication is brilliant", "extremely happy", and "lovely carers" were frequently used.

The provider had a working 'compliance and action plan' which was reviewed every three months. New actions were identified following feedback from the staff team, people using the service and management. Incident and accident monitoring forms were completed accurately and actions and outcomes recorded to try and prevent them from occurring in future. Systems were also in place to ensure that staff records were fully completed and no documents were missing. The recruitment manager was responsible for ensuring these were all in order.

We contacted health and social care professionals who worked with people who used the service, they commented on the many positive qualities of the service including offering the use of their training room to voluntary sector community services, the responsiveness of the organisation, attention to detail, their professionalism, and their openness.