Ilium Ltd

Bluebird Care (Richmond & Twickenham)

Inspection report

Electroline House
15 Lion Road, Twickenham
London
TW1 4JH

Tel: 02087449948
Website: www.bluebirdcare.co.uk

Date of inspection visit:
17 May 2017
19 May 2017

Date of publication:
21 August 2017

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

Summary of findings

Overall summary

This was an announced inspection that took place on 17 and 19 May 2017.

Bluebird Care (Richmond and Twickenham) is a domiciliary care agency registered to provide personal care to people living in their own homes. They provide care, support and assistance, shopping and companionship. The organisation is a franchise and most of the people who use the agency, pay for the service privately

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 registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in June 2015 we found that the service was overall good and rated good for the five key questions of safe, effective, caring, responsive and well-led.

The agency had been highly successful in incorporating new technology to drive up the standard and quality of the service people received. The impact of this was people said they were very satisfied with the service the agency provided. The agency maintained very good communication with people using the service and normally they were given notice of any changes to staff and the timing of their care, unless it was unavoidable short notice. The impact of this was that people were kept up to date and informed about changes to their care very quickly. The agency staff carried out the tasks that had been agreed with people to their satisfaction. People also said that staff were thoughtful and really cared. People generally thought the service provided was safe, effective, caring, responsive and well led.

The management team had been outstanding in the way they successfully promoted and championed equality and diversity by providing excellent support to staff that challenged stigma and discrimination. Staff were knowledgeable about the people they gave support to and the way people liked to receive support. When required they also worked well as a team, for instance when calls that required two members of staff. People said the care and support provided by staff was delivered in a professional and friendly way that was focussed on the individual. Their attitude made them approachable and accessible to people using the service and their relatives and they had appropriate skills to carry out their tasks well.

The records we looked at including those for people using the service and staff were kept up to date and covered all aspects of the care and support people received, their choices and identified that their needs were met. Information was clearly recorded, fully completed, and regularly reviewed enabling staff to perform their duties to a high standard.

People told us they found the manager, management team and organisation were accessible, supportive, responsive, encouraged feedback and selected and provided good staff that were well trained and provided

a quality service. Staff said that they received good support and training from the manager and organisation, the organisation was a great place to work and they got a lot of satisfaction from the job they did. They said the management team was approachable, generally receptive to their ideas and there were opportunities for career advancement.

People using the service were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as appropriate. People were protected by staff from nutrition and hydration associated risks by them giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met.

The agency staff were familiar with the Mental Capacity Act and their responsibilities regarding it.

The manager, management team, office staff and organisation frequently monitored and assessed the quality of the service provided.

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 agency had suitable staffing arrangements and staff had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People's needs were met by well trained staff.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The provider actively worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

The agency made good use of technology to constantly monitor quality standards and drive improvement.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

The manager, management team and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Bluebird Care (Richmond & Twickenham)

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 was an announced inspection that took place on 17 and 19 May 2017. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was complete and provided us with information about how the provider ensured the agency was safe, effective, caring, responsive and well-led. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 180 people using the service and 120 staff. During the inspection, we contacted 18 people using the service, 12 staff, the registered manager and office team.

During our visit to the office premises we looked at twelve copies of care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at eight staff files.

Good

Is the service safe?

Our findings

People using the service thought there was sufficient staff to meet their needs and they felt safe using the service. One person told us, "I feel safe using the service." Another person said, "The fact that they (staff) wear uniforms adds to their professionalism and I feel safe." A further person commented, "He (person using the service) has the same person each week, which is great as his memory isn't so good and it makes him feel safe."

Staff received induction and refresher training in safeguarding and how to recognise and prevent abuse and possible harm to people. Staff were aware of the different forms of abuse and what they needed to do should they believe they have encountered it. The organisation also provided staff with policies and procedures to follow. If they had concerns staff told us they would inform the office to raise a safeguarding alert. Staff had access to safeguarding, disciplinary and whistle-blowing policies and procedures in the staff handbook. Previous safeguarding alerts had been suitably reported, investigated and recorded. There was one current safeguarding alert that was undergoing the process.

The agency recruitment procedure included advertising the post on recruitment websites and the job centre, providing an application form, job description and short-listing of prospective staff for interview after a telephone conversation. The interview included scenario based questions to identify people's attitude towards providing care and their skills and knowledge of the care field. There was also a psychometric test to identify if they had an aptitude for this type of work. References were taken up, work history checked and disclosure and barring (DBS) security checks carried out. There was a 3 month probationary period before care workers were confirmed in post. The staff rota indicated that there were enough staff to meet people's needs without being over stretched or when travelling between calls, although some staff did not agree, particularly when there were special events on, for example international rugby at Twickenham stadium. The staff were divided into two groups providing services on either side of the river Thames covering an area between Barnes and Hampton.

The agency carried out risk assessments as part of the initial assessment visit to people's homes. This was to keep people using the service and staff safe. The risk assessments included both environmental risks, those related to people themselves and involved people and their relatives in the process so that risks would not be missed. The risk assessments were monitored throughout the period people received the service and identified the level of support and what was required and when. These were regularly reviewed as part of the monitoring process. There was also a risk table that contributed to the timespan for support plan reviews. The level of risk was rated 1-12 with ratings between 8 and 12 being re-assessed between 3 and 6 monthly depending on severity of risk. People who required a live in service and those with 24 hour care had weekly supervision visits where medicine, care notes and weekly finance records were checked. Live in care workers were called by the office on a daily basis, to check their wellbeing, how their day was going, report any concerns and to see if they required help with anything.

People confirmed that staff asked them to identify any risks that staff may not be aware of. The information staff received, enabled them to identify situations where people may be at risk and take action to minimise

the risk. Staff had been trained to identify and assess risk to people and themselves.

Any accidents, incidents and events that occurred were logged, monitored and reviewed. Staff shared information regarding risks to people with the office and this was added to the accident and incident records. They also shared information with other members of the team, as needed.

Staff were trained to safely prompt people to take medicine or administer it as required. This training was included as part of induction and updated annually. They also had access to a medicine policy and procedure and updated guidance. The medicine records of people were monitored and risk assessed by the agency.

The agency provided suitable protective clothing and equipment to keep people using the service and staff safe.

Good

Is the service effective?

Our findings

The agency involved people in the decision-making process regarding the care and support they received, when it would be delivered and by which member of staff, although they did acknowledge that this was not always possible due to unforeseen circumstances such as staff illness and holidays. Mostly people did not have issues with the timing of calls, length of stay and that their needs were met. They said that staff were aware of their needs and provided care and support that were appropriate to them in a manner they wished. People said staff had received good training and this enabled them to do their jobs well. One person said, "They always turn up on time. I have the same carers who I know well and that helps enormously" Another person told us, "If there is a problem with the timing, they let me know." A further person commented, "Very good, the carers are of a very high standard and they've been coming for four years." Some staff and people using the service felt that sometimes there was not enough time between calls, other times there were long gaps between them and their rotas could be better organised to alleviate the problem by focussing on smaller areas rather than two teams that cover quite large catchment areas. One person suggested, "I live in Teddington and it would make more sense to concentrate the calls in specific areas rather than sending people up to Hampton and Hampton Wick as well."

Staff were provided with induction and regularly refreshed mandatory training. The induction was in-depth, comprehensive and based on the 15 standards of the 'Care Certificate'. The Care Certificate sets out the learning outcomes, competences and standards of care expected in health and social care. The expectation was that staff would work towards the 'Care Certificate' and complete the modules within 12 weeks, when there would be a practical assessment. As part of induction new members of staff received a handbook and shadowed and were mentored by more experienced staff. This was until they were sufficiently confident to provide support by themselves and the agency was confident they were able to do so. There was also person specific training tailored to the requirements of the individual such as seizure management, tissue viability, Dysphasia training and Stoma. Specialist training was also provided in areas such as HIV and dementia awareness and pressure ulcer prevention. A staff member told us, "The training is amazing." The agency's programme of pressure sore training was commended by the local community healthcare trust.

There were quarterly staff and one to one supervision meetings and annual appraisals. These were partly used to provide staff with opportunities to identify individual and group training that they felt they required. This was in addition to the informal day-to-day supervision and contact with the office and management team. Staff had training and development plans in place.

People's care plans included peoples' health, nutrition and diet. Staff monitored what and how much people had to eat and drink with them if this was required as part of their care and as good practice. Staff advised and supported people to prepare meals and choose healthy meal options. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with community based health services, such as district nurses.

Consent to the service provided was recorded in people's support plans and they had service contracts with

the agency. Staff said they regularly checked with people if their needs had changed and whether the care and support provided was what they still needed and delivered in the way they wanted. This was also monitored as part of the agency quality assurance system. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

Regular spot checks were carried out in people's homes, with their permission that included areas such as staff conduct, courtesy and respect towards people, being on time, staff task competency and in using any equipment. The spot checks were incorporated as part of the supervision and appraisal system.

Good

Is the service caring?

Our findings

People said that mostly they were comfortable with the company of the care workers, particularly those who visited them regularly and with whom they had built up a relationship. They also felt that staff treated them with dignity and respect. Established staff took time to listen to them and valued their opinions. They also said that staff provided them with support in a friendly and thoughtful way. This reflected the organisation's strong person focussed culture. One person said, "I'm extremely happy with my carer, we get on extremely well." Another person told us, "The people (staff) are great and have been from the start." A further person said, "They (staff) are always so kind and obliging not just going through the motions."

People told us the agency provided easy to understand, thorough information about the services provided to enable them to decide if they wished to use them. The information outlined how support was provided, what people could expect and the agency expectations of them.

Staff were trained to treat people with dignity and respect them and their privacy. This was part of induction and refresher training. The agency emphasised the importance of social engagement and interaction for people, particularly as the visit by staff may be the only interaction people received. Where possible the agency operated a people to staff matching policy, particularly for sensitive areas such as same gender personal care. This incorporated particular staff skills that would help meet peoples' needs and enable them to establish or maintain the skills required to continue to live as independently as possible. The service also prioritised staff continuity where possible to support and maintain peoples' independence.

People told us the agency and its staff fully consulted and involved them in all aspects of the care and support they received. This was by staff that were patient, compassionate and friendly. People thought staff were prepared to make an extra effort to ensure their needs were properly met. Staff told us about the importance of listening to peoples' views so that the support was focussed on the individual's needs. The agency confirmed that tasks were identified in the care plans with people to make sure they were correct and met the person's needs. People also felt fairly treated and any ethnicity or diversity needs were acknowledged and met.

When providing end of life care, the agency liaised with the appropriate community based health teams. End of life training was provided by the Princess Alice Hospice. The agency took into account that relatives could be involved in the care as much or as little as they wished during a distressing and sensitive period for them.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People using the service and relatives told us that they had taken the decision to use the services of the agency and they had been provided with written and verbal information to arrive at their decision. The agency actively asked for their feedback about the service received and they were frequently consulted about the service and its quality. One person said, "My grandma is very happy, in comparison with the previous company, these people are very good at communication and letting you know." Another person told us, "I am fully aware of my support plan and am having a review next week." A further person said in reference to being told of changes to time or people coming, "They are getting better, but sometimes the message still doesn't get through." People said that they received personalised care that was responsive to their needs. Staff enabled them to decide things for themselves, listened to them and when required action was taken. They also said that some staff looked for ways to improve the care and support provided, particularly those that were well established. Staff said how important it was to get people's views and those of their relatives so that the support could be focused on the individual's needs.

People said that if there was a problem with staff or the timing of the support provided, that it was mostly quickly resolved. The agency agreed visit times with people using the service that were consistent from week to week. This meant that people knew when the visit would be, allowing 15 minutes plus or minus for arrival time and care workers stayed for the full time of the visit. A visit schedule was sent out every Thursday to each person using the service with the diary for the following week showing the time of the visit and the care worker's name. People could cancel visits without charge by giving 48 hours' notice. The impact of this was that people could plan their lives and knew when to expect care workers.

Once the agency had received an enquiry, there was a home or hospital assessment visit and a further follow up assessment took place at home after six weeks. During the visits the tasks required by people were identified and agreed with them. The follow up visit was to check that the tasks were meeting people's needs. This was to prevent inconsistencies in the service to be provided and identify and assess risks. Customer care managers acted as contact points to ensure coordination of services when needed by people. An example of this was preparation for hospital discharge ensuring that equipment was in place and support plans and medicine updated.
Every person had a named customer care manager, who was usually the staff member who had made the initial assessment and continued to be responsible for the person's care. The customer care manager knew the person well and could often coordinate the input of other organisations and health care professionals. An example of this was one person who struggled to communicate with the local authority as it made them nervous. They were supported by staff to sort out an issue with the local authority and the impact for them was that they were able to stay in their own home.

The agency used an outcome focused; live care planning and monitoring tool. Care workers accessed the support plan on their smartphones and updated notes in the person's home. The systems enabled the management team to see what care was delivered in real time and it created alerts if carer workers hadn't logged in or outcomes and tasks were not achieved. The impact of this was that any medication or vital tasks alerts were picked up and promptly acted upon.

The copies of people's support plans, held in the office, were individualised, person focused and the manager and team told us that people were encouraged to contribute to them and agree tasks with the agency. People had support plans that detailed the agreed tasks, gave information that would help staff familiarise themselves with people and their routines and identified people's wished for outcomes. This included personal details, religious and cultural requirements, personal preferences, communication, social activities and personal interests, important relationships and medical history. People's needs were regularly reviewed, re-assessed with them and their relatives and support plans changed to meet their needs. The changes were recorded and updated in people's files which were regularly monitored. The support plans were reviewed a minimum of annually or as required.

There was a robust system for logging, recording and investigating complaints. They were audited quarterly with compliments. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training. People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. One person said, "Any problems I have had have been small ones and they were quickly remedied." There were two current complaints that were being investigated.

Outstanding ☆

Is the service well-led?

Our findings

People said they were comfortable speaking to the manager, office team and staff and comfortable discussing any concerns they may have. They told us there was regular telephone contact with the office and they liked the fact that the agency made the service a personal one and treated them as an individual. For example, when we checked a sample of care plans, office staff were able to give us information about each individual and the service that they received without having to refer to the care plans. One person said, "I get on well with the office and they keep me informed". Another person said, "I have frequent communication with the office and can always get hold of them." A further person said, "They are always there at the other end of the phone."

The agency's office day began with a 15 minute meeting to discuss any issues that had arisen from the previous nights on call and any other information, such as from the packages of care that required 24 hour cover or care workers that may not be able to cover calls. The agency used a cloud based spreadsheet system to record all the on call issues. This was visible to all members of the management team with any assigned actions sent to the responsible person immediately via e-mail. This was checked each morning at the catch up meeting. The impact of this was that the office team were made aware, at an early stage of any issues that may need to be dealt with, could deal with potential problems very quickly and people had less disruption to their service. This meant that care workers made their visits at the agreed times and any changes to people's care needs were identified.

One staff member told us, "The staff team in the field are very good and supportive." Another said, "I get the support I need from the management team and office." Staff told us they were not expected to carry out tasks that the manager and management team would not be prepared to undertake themselves. They received the support they needed when they needed it and that the organisation valued their contributions. An example of the support provided to staff by the agency was a care worker who was supported through transgender transition. The agency sought specialist external advice on the best approach to take moving forward through the care worker's transition. The advice was followed and apart from one negative comment from a person using the service, there were no incidents and everything went smoothly. The impact of this was that excellent support was provided so that a valued and skilled member of staff was retained and the importance of equality and diversity recognised and promoted. This meant that the consistency of care for people and relationships they had built up with staff were maintained.

The agency was innovative in contributing to the design of home care technology that made a big improvement to communicating and updating staff whilst they were at work in the community. This was the PASS system, where they assisted with the initial system design and pilot to provide flexible, safe, person centred care plan design. This has now been implemented and the impact has been to measurably improve the responsiveness to people's requirements and communication between the care workers in the field, office support staff and wider health and social care teams. The PASS system was an electronic mobile based care planning and care notes system that provided care workers with care plans and enabled them to enter care notes and medicine records from a mobile phone. This meant the data was live, up to date and the service continually improved. There was also an improvement plan that supported the organisation to

move forward with new technology, best practice and any new government requirements.

The agency had a positive, open culture that was inclusive and empowering. This was sustained by the management team who displayed open, supportive and clear leadership with staff and encouraged them to take responsibility for their designated tasks. They were aware of the agency's vision of the service, how it was provided and the philosophy of providing care to a standard that would be acceptable for themselves and their relatives. The vision, values and structure from the management team downwards was clearly set out, staff understood them and said they were explained during induction training and regularly revisited.

The manager and team was in frequent contact with staff to provide support and this enabled staff to provide the service that people needed, when it was required. Staff also told us that there was an open door style of management that enabled them to voice their opinions and exchange knowledge and information. This was particularly regarding feedback about the service they provided and also as another method of relating feedback from people about the service they received and any improvements that could be made. Staff felt that the suggestions they made to improve the service were listened to and given serious consideration by the manager and organisation. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. There were quarterly staff meetings that had been split into the two areas that the staff teams worked in so that they received information about people using the service that was pertinent to them and maintained people's confidentiality. There were morning and afternoon slots to accommodate the entire field workforce. This enabled care workers to do their jobs better and meant people received better care as the service was more efficient and improved.

New weekly management meetings had been introduced where the previous week's key performance indicators (KPI) and dashboard data was discussed. The KPIs focussed on customer and care worker capacity to ensure they were balanced and a service could be delivered to people as agreed and on time. The dashboard identified the performance of the management team, if workloads were being managed safely and effectively and if monitoring and staff supervisions had not taken place. This enabled the team to adjust and plan for the following week that meant people received continuity of staff, service and were informed in advance if changes to staff had to be made.

The management teams were split into Coordinators, Customer Care Managers, Training and Quality Monitoring. Of the management team, two had been recruited externally; the rest had been promoted internally. The teams had their own meetings so they could focus on the needs of each area that they were responsible for. The registered Manager facilitated those meetings. The teams were responsible for specific audits such as weekly peoples' care plans, peoples' files, care workers files and monthly training and co-ordination health audits. There were also quarterly audits of risk assessments, accidents and incidents, missed visits, medicine administration, safeguarding, notifications and monthly health and safety. The records demonstrated that regular telephone monitoring; spot checks, weekly record sheets and visit communication sheets were completed. These included inputs from people who use the service about staff performance and helped to identify how person centred staff were in their approach to their work.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered were the most important aspects of the service they received. The approach to monitoring the quality of care and support provided was individualised with quality checks focussed on what the person using the service and their carers thought. These included spot check visits; phone contact with people and their relatives, questionnaires and an annual review. Audits took place of peoples' files, staff files, support plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

There was a strong emphasis on continually striving to improve the quality of the service and the management team met quarterly to discuss the identified areas where the agency was performing well and those that required improvement. The Manager, Operations Manager and the Directors also met monthly to consider business performance, as well as people using the service and care worker monitoring. This enabled them to roll out plans for the coming month and make sure annual plans were on target. The Directors also attended local authority meetings to keep them up to date with new government directives and the needs of the local area. The impact of this was to help design and develop services to meet those needs within the community. Each year the agency had a stall at the St Margaret's fair which was one of the biggest local area events and where they did a 'Tombola' to raise money for the Princess Alice Hospice. This helped to promote a positive culture and emphasised the agency's values and work ethics.

There was a policy and procedure in place to inform other services of relevant information should they be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.
The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

We saw that records were kept securely and confidentially and these included electronic and paper records.