

A.C Sika Limited

Bluebird Care (Thurrock & Castle Point)

Inspection report

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08 July 2016
11 July 2016
26 July 2016
15 August 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bluebird Care Thurrock and Castlepoint provides personal care and support to people in their own homes.

The inspection was completed on 8 July 2016, 11 July 2016, 26 July 2016 and 15 August 2016. At the time of the inspection there were 22 people who used the service.

The service did not have a registered manager in post. At the time of the inspection the manager confirmed that an application to be formally registered with the Care Quality Commission had been submitted and they were awaiting confirmation of their 'fit person' interview. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of medicines within the service required improvement so as to ensure that people received their prescribed medication as they should and ensure people's safety.

Appropriate arrangements were not in place to manage all identified risks to a person's safety and improvements were required. Although support plans were sufficiently detailed and provided an accurate description of people's care and support needs, support plans were not in place for all people using the service.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision.

Staff understood the requirements of the Mental Capacity Act 2005. Staff demonstrated how to apply the principles of this legislation to their everyday practice and to help ensure that people's rights were protected.

People were treated with care and kindness. Staff understood people's needs and provided care and support accordingly. People said that staff had a good relationship and rapport with them. People were treated with dignity and respect at all times. People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs. People's day-to-day healthcare needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements were required in relation to medicines management so as to ensure that people received their prescribed medication as they should.

Proper arrangements were not in place to manage risks to people's safety and improvements were required.

Appropriate arrangements were in place to ensure that the right staff were employed at the service.

Staff were suitably trained in order to recognise people at risk of abuse and take action accordingly.

Is the service effective?

Good 

The service was effective.

Staff received effective training to ensure they had the right knowledge and skills to carry out their roles and responsibilities.

Staff received a proper induction and regular opportunities for formal supervision and 'spot visits'.

The management and staff had a good knowledge of the Mental Capacity Act 2005 so as to ensure that people's rights were protected and information relating to people's consent to their care and support was recorded.

People's nutritional and healthcare needs were effectively supported where needed.

Is the service caring?

Good 

The service was caring.

Positive caring attitudes by staff were reported by people using the service. People received a good level of care and support that met their needs.

People were treated with dignity and respect.

Is the service responsive?

The service was not consistently responsive.

Not all people's care and support plans reflected current information to guide staff on the care and support to be required to meet their needs. This referred specifically to no care and support plans for two people.

People's care and support needs were supported appropriately so as to ensure they received care that was responsive and met their needs.

Complaints were adequately recorded, investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements were required to establish effective quality monitoring systems so as to ensure that these picked up issues and areas for further improvement.

Staff reported an open and supportive culture.

Appropriate arrangements were in place to enable people and those acting on their behalf to provide feedback to the provider about the quality of the service delivered.

Requires Improvement ●

Bluebird Care (Thurrock & Castle Point)

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 8 July 2016, 11 July 2016, 26 July 2016 and 15 August 2016 and was announced. This included two days at the provider's office, visits to people's homes and communication with staff who were employed by the service. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We met and spoke with three people who used the service, one person's relative, the manager and the registered provider. We sent emails to eight members of staff requesting them to answer several questions relating to their employment at the service. Only two responses were received and that was to tell us that they had left the services employment some four to five weeks prior to the request for information. We sent a text to eight members of staff requesting them to contact us via the telephone, however only one member of staff contacted us.

We reviewed six people's support plans and support records. We looked at the service's staff support records

for six members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

Although people told us they received their medication as they should and information was available to indicate which people required their medication to be administered, who required their medication to be prompted and who had their medication administered by family members, improvements were required in relation to medicines management.

We looked at the records for four of the 22 people who used the service. The Medication Administration Record [MAR] forms and daily communication book for three out of four people showed that it was not always possible to determine if the person had received all of their medication as they should. This was because the MAR forms were not always completed and there was limited information recorded within the corresponding daily communication book to confirm if the person's medication had been administered by staff. Additionally, we found that one person had not received their medication in line with the prescriber's instructions. For example, the MAR form detailed that they were prescribed a once weekly medication. However, the MAR form showed that on one occasion the medication was administered three days later and on another occasion two days earlier than it should be. No evidence was available to provide a rationale as to why this was. The daily communication book for one person stated that they experienced recurrent pain. Although the person was prescribed 'as and when required' medication for effective pain relief symptoms, this had not always been administered or offered. No evidence was available to provide a rationale as to the decisions made by staff.

The MAR forms for two people revealed that they were prescribed a transdermal patch. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream over a period of time. No record was maintained for each person to record the site of application on the body and to ensure that re-application to the same area of skin was avoided for the length of time specified in the 'Summary of Product Characteristics.' This meant that we could not be assured that either person had their medicated patch applied on a different area of their body and in line with the 'Summary of Product Characteristics.'

Records showed that staff involved in the administration of medication had received appropriate training.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were not consistently in place. Although some risks were recorded, these primarily related to people's manual handling needs, where people were at risk of falls, environmental risks to ensure people's and staff's safety and wellbeing and medication. Other risk areas, for example, the risk of choking, weight loss and where the person could display distressed and anxious behaviours were not identified. No specific guidance was in place for staff on the steps to be taken to mitigate future risk so as to help keep them safe whilst reducing any restrictions on people's freedom. We discussed this with the manager and they provided an assurance that these would be completed.

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were safe. One person told us, "I feel safe in my home and have no concerns when staff visit me." Another person told us, "I definitely have no worries or fears for my safety. Staff as they come in call out and tell me who they are."

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. The management team were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to external agencies, such as the Local Authority and the Care Quality Commission. This showed that the management team were confident and knew what to do if safeguarding concerns were raised and followed the provider's policies and procedures.

People told us and 'customer reviews' confirmed that there had been a small number of missed calls. There had been few late visits and staff stayed for the full amount of time allocated. In some instances staff stayed longer so as to ensure care tasks had been completed and to meet the person's comfort and wellbeing needs. An audit of missed calls at the service were recorded and showed that since the beginning of December 2015 there had been a total of 17 missed calls. The only negative comments recorded within 'customer reviews' and told to us by people using the service and those acting on their behalf was that they were rarely told if a different member of staff was to support them instead of their regular member of staff.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people using the service.

Is the service effective?

Our findings

People told us that, in their opinion, staff were appropriately trained. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in key topic areas and staff confirmed this as accurate.

Staff received a three day induction comprising of training in key areas appropriate to the needs of the people they supported and this included an introduction to the 'Bluebird' franchise and organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff for several shifts depending on their level of experience and competence. One member of staff confirmed that prior to supporting a new person they had undertaken shadowing shifts whereby they were introduced to the person and worked alongside a member of staff that knew them well. This enabled the member of staff to share their knowledge about the person's care needs and how they wished to be supported. Staff received a performance review at the end of their probation period and the manager confirmed where necessary this could be extended if required. This is where the provider carefully considers whether the member of staff is able to meet the standards and expectations of the job role or if more time is needed.

Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of telephone and face-to-face supervisions and 'spot visits.' The latter is where the provider's representative calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations. One member of staff confirmed that they felt supported and valued and received regular formal supervision and 'spot visits'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. One member of staff was able to demonstrate a basic knowledge and understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. This was confirmed by staff spoken with.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a

member of staff. The management team told us that if staff were concerned about a person's health and wellbeing they would be relay any concern to their supervisor or the manager for escalation and action.

Is the service caring?

Our findings

People told us that they were treated with care, kindness and consideration. They also confirmed that their needs were met by staff to a good standard. One person told us, "All of the staff that support me are lovely. The staff are very accommodating and I have a good relationship with staff. The staff are friendly and we have a good laugh." Another person told us, "The staff are very nice. I like the girls who support me."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state that they agreed with the content of the support plan and from completion of quality monitoring forms. Where the latter was completed no issues for corrective action were highlighted and only positive comments were noted.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. People confirmed that the majority of staff understood their personal history, likes and dislikes well.

Is the service responsive?

Our findings

The majority of people told us that they received good personalised care that was responsive to their needs.

The manager told us that where recommendations and referrals to the service were made by the Local Authority or Clinical Commissioning Group, an initial assessment was provided detailing the service to be commissioned and information relating to the person's support needs. Additionally, an assessment was completed by the provider so as to determine if the person's care and support needs could be met by the service. Both assessments were used to inform the individual's support plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process.

Where support plans were in place these covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Records also showed that key assessments relating to medication, moving and handling and the environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. However, no support plans or key assessments were in place for two people who used the service. We discussed this with the manager and they advised that the task to complete the documentation had been delegated to another member of the senior management team and they were unaware that these had remained outstanding. An assurance was provided by the manager that this would not happen again and that suitable arrangements would be made to ensure that people's support plan would be in place at the earliest opportunity.

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that effective arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person told us, "I have no concerns about the staff that support me. If I was unhappy about something I would not hesitate to contact the office and tell them." Relatives confirmed that where concerns were raised with the organisation, every effort had been made for these to be resolved.

Is the service well-led?

Our findings

The service did not have a registered manager in post. At the time of the inspection the manager confirmed that an application to be formally registered with the Care Quality Commission had been submitted and they were awaiting confirmation of their 'fit person' interview.

Although we found that arrangements were in place to assess and monitor the quality of the service provided improvements were required. The manager told us that information was collected and recorded in a variety of ways. This included the completion of audits relating to people's support plans and accompanying documentation, for example, people's daily visit record sheets and medication audits. In addition to this, monitoring arrangements were also completed in relation to missed and late calls, medication errors and accidents and incidents. However, these were not as effective as they should be as there was no information to show that areas for improvement as highlighted at this inspection in relation to medicines management, risk management and support planning had been identified. None of the medication or daily visit record audits viewed had picked up the errors that we found. We discussed this with the manager and they provided an assurance that the above would be addressed so as to ensure that an effective quality monitoring system was in place for the future.

One staff member told us that they felt valued and supported by the manager and other members of the management team. They told us that the manager was approachable and there was an 'open culture' at the service. The staff member confirmed that the manager lead by example and was 'hands on,' providing much valued support and advice whenever staff required it. They also confirmed that they enjoyed working at the service and stated, "It is good here. We put people at the centre of the service to be provided. If you need support the manager and other team members are there for you."

Staff meetings were held at regular intervals and minutes of these meetings were readily available and showed that these had been undertaken. Staff told us that they had a 'voice' and were able to express their views freely.

The manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the provider about the quality of the service delivered. Records showed that 'Customer Reviews' were completed at regular times throughout a 12 month period. The majority of comments were very positive about the quality of the service provided. Comments recorded included, 'Staff follow exactly what the care plan says' and 'They [staff] are very approachable and the care is very good.' The only negative comments recorded by people using the service and those acting on their behalf was that they were rarely told if a different member of staff was to support them from their 'core team' of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 People who use services were not protected against the risks associated with medicines management.