Buadu Limited

# Bluebird Care (Hillingdon)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

We undertook an announced inspection of Bluebird Hillingdon on 11 July 2017. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might not be available to assist with the inspection if they were out visiting people.

Bluebird (Hillingdon) provides a range of services to people in their own home including personal care. People using the service had a range of needs such as physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 51 people were receiving personal care in their home. The care had either been funded by their local authority or people were paying for their own care.

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 2008 and associated Regulations about how the service is run.

The last inspection took place 16 and 17 May 2016 when we rated the overall service and Safe and Well led Requires Improvement. At this inspection we found improvements had been made to the two areas which we had identified as needing improvement, at our last inspection. These were in relation to medicines management and the quality assurance systems.

The provider had systems to monitor the quality of the service that people received and to make improvements. Audits and checks were carried out to monitor quality in the service and we saw these were up to date.

People received the medicines they needed safely and regular checks on medicine administration records were carried out to ensure care workers recorded each time they administered medicines.

People gave us complimentary comments about the service they received. People felt happy and well looked after.

People's needs were assessed and care was planned to meet these needs. People's needs were regularly reviewed.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

There were appropriate procedures to safeguard people  from the risk of abuse and the staff were aware of these.

Staff had access to the training and support they needed. Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

The provider had a policy and procedures for people using the service and others about how to make a complaint.

The service had an experienced manager who was committed to delivering person centred care and support to people using the service.

## 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.

Improvements had been made to the management and recording of medicines since the last inspection for the safety of people. It was clearer if people needed their medicines to be administered to them. Medicine records were also checked and these were completed online to minimise errors occurring.

People using the service said they felt safe when they received support in their own home.

There was a system in place for the recording and investigation of incidents and accidents.

The provider had a recruitment process in place and there were sufficient numbers of staff working to provide support to people using the service.

### Is the service effective?

Good

The service was effective.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely.

Care workers received training on the Mental Capacity Act 2005 and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support to the people using the service.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

### Is the service caring?

Good

The service was caring.

Care workers understood people's support needs and people told us their care was provided in a kind and patient way.

People were involved in planning their care which was delivered by care workers in ways that respected their privacy and dignity.

## Is the service responsive?

Good

The service was responsive.

An initial assessment was carried out before the person started to receive care in their home to ensure the service could provide appropriate care.

Care plans were developed outlining people's needs and personal preferences. These were regularly reviewed to ensure care workers were supporting people in the right way.

Systems were in place to gain feedback from people using the service and their relatives. This enabled the registered manager to see what was working well and to identify if there were areas needing to be improved.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

## Is the service well-led?

Good

The service was well led.

At this inspection we found that action had been taken to improve the audits and these monitored different aspects of the service to ensure problems were picked up and addressed. We saw that the provider had systems to monitor the quality of the service that people received and to make improvements.

Feedback on how the service was run was positive, with care workers feeling supported by the registered manager and their colleagues.

# Bluebird Care (Hillingdon)

**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 11 July 2017 and was announced. We told the provider two working days before our visit that we would be visiting because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service.

The inspection was carried out by a single inspector. As part of the inspection we contacted 13 people who used the service and one relative for their feedback by telephone. These telephone calls were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We also emailed 13 care workers for their views on the service and we received replies from five care workers.

During the inspection we spoke with the registered manager, two customer service managers and a co-ordinator.

We looked at a variety of records including recruitment and training details for four care workers, care records for four people using the service and a sample of audits carried out.

We asked the registered manager to send to us further information on recruitment, training and audits. They sent us the information as agreed by the third day after the inspection.

Good

# Is the service safe?

## Our findings

At the previous May 2016 inspection we found problems with medicines management systems and some of the records relating to medicines were contradictory and inconsistent. The provider sent us their action plan and they stated they would make improvements and amendments by 15 August 2016. At this inspection we found that it was clearer in people's care plans if they had their medicines administered and if there were any identified risks in relation to medicines tasks being carried out. There were some additional care records which noted the word, 'prompt', when the person had their medicines administered to them. The staff in the office during the inspection started to check and update all records relating to the 28 people who had their medicines administered to them. Three days after the inspection the registered manager confirmed via email that every care record had been checked and the word 'administered' was recorded rather than 'prompt'.

Care workers were clear about the support people needed with their medicines and supported them accordingly and recorded when they supported people with their medicines.

We saw that care workers had to sign electronically each medicine they had administered. The office staff could then check quickly if a medicine had not been signed for. Medicine administration record sheets (MARS) could be viewed online so that at any time staff could see if there were any issues.

Care workers received training on medicines management and this was refreshed every year. In addition, throughout the year, care workers competency to carry out this task safely was assessed by their supervisors. We saw evidence of these assessments in the staff files we viewed.

We asked people if they felt safe using the service. Their comments included, "Yes absolutely why wouldn't I?" "The staff take good care of me. I am not worried at all," "I have had them (care workers) for a long time now and nothing has gone wrong" and "I really like my carer and I think they are doing a good job."

The care workers we received feedback from knew what to do if they suspected a person was at risk of harm or abuse. They told us, "I would record my concerns and report them to my manager immediately," "Report straight away to care manager" and "If I thought a service user was being abused, I would contact my manager immediately. I would also make sure I have documented all information."

There were assessments of risks for each person. These included risks associated with their environment, medical conditions and mobility. The assessments included plans to reduce the likelihood of harm and these were reflected in the care plans. The risk assessments were regularly reviewed to make sure these were up to date.

The provider had systems in place to record and monitor the equipment people had in their homes and when it had last been serviced. This helped to ensure the care workers were using equipment that had been checked and was serviced as safe to use as and when required.

There was a process in place to record incidents and accidents. We saw that there had been one incident in June 2017 and this was all documented. The registered manager saw all incident forms so that they could record if they needed to take any action.

Care workers confirmed they received a rota of the visits they would be carrying out which enabled them to know who they would be visiting each day. They told us, "We get a rota each week and I work with the same clients regularly" and "I do usually have the same customers, sometimes with some variations."

The co-ordinator explained that the care worker's availability was online and so at a glance they could see if they were able to accept any new referrals and know easily who would be free to take on a new care package. Where it was possible care workers were based in a small geographical area for the majority of their calls so visits took place on time and when needed. The majority of the time new care workers were introduced to the person using the service so that they could see who would be visiting them at home. The electronic system enabled the staff in the office to see the care workers had logged in for a home visit and who was running late. The registered manager was able to look at late calls on the online system and see if there was a difference between the agreed time of the home visit and the actual time. We were told there had been one missed call in 2017 as office staff were able to easily see a live system and know if there were any issues with planned home visits and respond effectively if they needed to find another care worker to cover a home visit. The missed call in 2017 had been due to last minute sick leave and cover could not be arranged at such short notice.

There was an appropriate contingency plan for different emergency situations where people with complex needs were identified so that care could be prioritised for these people if needed.

The provider had systems in place to make sure staff were suitable to work with people using the service. Care workers confirmed they had gone through a recruitment process, which included providing references and having a criminal record check carried out. Staff files we viewed evidenced that care workers had gone through an interview, provided proof of address, had criminal record checks carried out and references were obtained. We saw on two staff files that the references did not always come from the care workers' previous employers and one character reference had been from the care worker's partner. This issue had not been picked up as this staff file had not been checked by the registered manager. During the inspection the registered manager worked on obtaining more appropriate references. Three days after the inspection, the registered manager confirmed that additional references had been obtained and that they had checked the files of four new care workers and they stated all the relevant information was on their files.

Good

# Is the service effective?

## Our findings

We asked people using the service if they knew if the care workers had the appropriate training and skills to provide care. People commented, "Yes I think so," "I get looked after really well so I would imagine they do" and "Yes they do. The carers are wonderful and know what they are doing."

Care workers confirmed they were supported by their line manager. They told us, "I always feel supported and communicated to," "I'm very well supported" and "We have regular spot checks on our work." We saw evidence of the induction new care workers received (which included shadowing experienced care workers and completing the Care Certificate, which is a set of standards for social care and health workers and is the minimum standards that should be covered as part of the induction of new staff).

We also saw from the staff records the training attended. The training included, preventing falls, end of life care, manual handling techniques, first aid and diabetes awareness. All staff were also required to take part in online and face to face training courses. The provider offered people opportunities to undertake online training in the office or staff could complete this at home. We saw there was a new trainer in the office who would be providing much of the face to face training for the care workers. The trainer would offer the training that the provider deemed mandatory so that care workers continued to receive ongoing training throughout the year, without any delays.

Care workers practice was also observed by their supervisors and we saw evidence of various spot checks and one to one supervision that they received from their line managers. This gave them the chance to look at their practice and to reflect on areas needing to be improved. Care workers also received an annual appraisal of their work to look at their performance and to consider if they required any further training.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. We checked that the provider was working within the principles of the MCA and found that they were. The care workers we received feedback from were able to tell us about people's right to make decisions and how they needed to respect these. One care worker told us, "All individuals are to be treated as having capacity unless proved otherwise. I offer them choices and they decide what they would like to eat and how it is prepared, the same with clothing, ask what they would like to wear and then assist them with dressing. The focus is always on the individual and their right to make decisions for themselves, as long as those decisions are in their best interests and will not cause them harm."

People's capacity to consent had been recorded. Where people were able to, they had signed their care plans and assessments to show their consent. People who we spoke with told us that the staff always asked for their consent before delivering care.

The registered manager confirmed that if people were unable to sign their care records, for example, if they were unable to hold a pen, then their verbal consent was recorded and saved at the office. We had seen this at the last inspection and this continued to be the practice so that people who had the capacity to give

consent to their care, in whatever way this was suitable for them, continued to do so.

Staff had access to DoLS training to better understand circumstances where people might be deprived of the liberty in a domiciliary care setting and the action they needed to take to ensure people's rights were protected as far as possible. We saw some care workers had completed this but there were still many who had not. The registered manager was aware that a group of care workers needed to complete this and would address this following the inspection to ensure they understood this legislation and how it related to the work they carried out.

The registered manager told us there was no-one at risk of malnutrition or dehydration. Care workers recorded as standard practice what meals and drinks they had given people if they required assistance with this. The registered manager confirmed that if a person was at risk and required close monitoring of everything they ate and drank then separate food and fluid charts would be used as this would aid healthcare professionals in seeing if there were issues and act on any problems.

Care plans included detailed information about people's health conditions and the support they required to manage these. Staff worked with other health and social care professionals to monitor people's health needs. For example, when people's needs changed or they become unwell there was evidence the office staff had notified community nurses and specialists who assessed equipment needs.

Good

# Is the service caring?

## Our findings

We asked people for their views on how they were supported and if the care workers treated them with respect and dignity. They gave us positive feedback. Comments included, "The carers that come to me are very caring and treat me well," "The care here is very good and they really look after me," "So far I have received a very good service. I am most happy," "They treat me as a normal person," "It's just the little things they do, like the way they talk to me, "The carers knock on the door even though I have a key safe they can use" and "The carers treat me very nicely."

People were involved in the care being provided to them. They told us, "Everything is discussed with me and I can pick what I want," "I just tell them what I need and they do it for me" and "I have had meetings with them a few times to discuss the things I want. Then they try to do it for me." A relative we spoke with confirmed that, "We created a care plan" so that care workers would know how to support the person using the service. Care plans included information about people's preferences, individual choices and how they could maintain independence where they were able.

People told us the care workers were caring. Their comments included that the care workers were, "Always smiling and happy to be here" and "They take good care of me." A relative told us, "We have never had any adverse problems. The ones we know, knows us really well." We saw a range of written compliments that the service had received. One relative commented, 'We had lovely carers who were always professional and treated (family members) with kindness and respect.'

Care records noted if the person preferred a male or female care worker and where possible care workers were matched with people if for example they spoke the same language as them. If people had a preference for the name they wanted to be called this was also noted in people's care records so that staff did not offend anyone and respected their individual wishes.

The registered manager confirmed that the service could produce information, such as care plans and statement of purpose in a range of formats including, audio, large print, different languages and in Braille for people who were visually impaired. This enabled people to have information about the service and know what to expect.

Good

# Is the service responsive?

## Our findings

People told us the care workers came on time and stayed the agreed length of time for each visit. They told us, "I can't think of a time when they have been late," "Sometimes the carers may get delayed outside of their control. But it is not a problem" and "They (care workers) have enough time to do everything."

People also confirmed that they usually had the same care worker. Their comments included, "It only changes when she is off sick or on holiday otherwise it's the same girl" and "By and large we do get the same person."

People talked about maintaining their independence. They said "The care I get helps me to do things I would not normally be able to do" and "It frees me up from doing the things I can't do." A relative said, "My (family member) is confined to the house and it is a lifeline to the outside world."

We saw that there were assessments of each person's needs on people's care records which were regularly reviewed. The registered manager explained that people's needs were assessed before they offered a service to the person. They were also re-assessed as soon after any hospital discharge to identify any changes in their needs so these could be planned for.

People had a care plan which gave detailed guidance for the care workers on how to meet their individual needs. These included the person's preferences and what was important to them. The plans were personalised giving clear instructions for care workers about how to care for the person. For example, we saw on one person's care plan "I like to be given choices with my clothing" and "It will depend on each day on whether I have a wash or a shower." The records also noted "Read my facial expressions" prompting care workers to consider how each person might communicate their needs.

All the feedback from the care workers confirmed that a care plan was in each person's home to inform and guide them on how to support the person appropriately. We asked care workers what they would do if they thought a person's needs had changed. They told us, "I would contact my care manager," "Report it as soon as possible" and "I would record the changes and report it to a senior member of staff."

We viewed a care passport, developed by the registered manager, which was a document useful for hospital staff if the person was admitted into hospital, as this outlined the person's needs such as mobility.

The service had an online system to record every task carried out at a visit. Therefore office staff could check if a particular task had not been ticked as completed and explore with the care worker or person using the service why the usual agreed tasks were not done. If there was a problem the registered manager would carry out an investigation to look at what had occurred at the visit so that they could address this with the care worker and communicate their findings back to the person using the service and/or their relatives.

Care workers recorded details of what they had done at each visit and recorded some general details about the person.

The service used a range of methods to gain feedback from people using the service and their relatives. This was done through contact on the telephone, review meetings and sending out satisfaction questionnaires. We saw that seven questionnaires had been returned for 2017, which was a small response in relation to the number sent out to people and their relatives. The majority of the feedback was positive with communication needing to be improved for some people. We had highlighted this at the last inspection, following on from feedback from people using the service. At this inspection the people we spoke with were satisfied with the communication between them and the office staff. The registered manager confirmed they continued to work on improving communication so that people using the service had regular contact with staff in the office and were always informed if there were any changes to their usual visits. We saw a positive comment from a person using the service where they said, 'I am very pleased with the service and the carer we have has been really lovely.' The registered manager told us that they intend to send out a further batch of questionnaires later in 2017 to try to capture more feedback on the service before analysing the results.

We asked people if they knew about making a complaint. Two people said, "I have no complaints at all. Everything they are doing is great. If I did have a complaint, I would phone the office" and "I would call the office and talk to the manager." One person was also aware that they could contact social services if they had a complaint. A relative said, "If it was necessary I would speak to the supervisor but fortunately I have never had to do that."

As part of the review meetings held by the service people were also reminded about how to make a complaint.

The service had dealt with one complaint in 2017 and this was appropriately documented.

Good

# Is the service well-led?

## Our findings

At the previous May 2016 inspection we found that although there were audits and checks in place these had not effectively identified where there were areas needing attention and improvement. The provider sent to us their action plan and stated they would make improvements and amendments by 29 July 2016. At this inspection we saw that there were more systems in place to check the quality of the service. Although there were a few areas still needing to improve. For example, using consistent terms in people's records to describe the support people needed with the management of their medicines and with cross referencing information requested and obtained at the recruitment stage. However, we were satisfied that the registered manager and staff team had made sufficient progress in monitoring the quality of the service being provided.

People thought the service was well run. Their comments included, "I think so," "From everything I have seen the service seems good" and "Nothing needs to be improved they are pretty good." A relative told us, "They are quite good and we are happy."

Care workers and staff in the office commented positively about the registered manager. Their comments included, "My manager is very responsive and has a great relationship with her team," "There is a good support network in place," "Good management and company to work for" and "It is an open office and I feel like a valued member of the team."

The registered manager had been in post since 2014. They had obtained a nationally recognised qualification in management and understood their role well. They knew the care workers and the people using the service and was receptive to the findings of the inspection, acting quickly where there were areas that could be improved.

They recognised the importance of valuing care workers and they identified each month a care worker of the month. This aimed to thank care workers if they had gone over and above their usual day to day work or had been exceptionally good at a particular aspect of their work. The registered manager told us their vision for the service was to "Give a good standard of care and safe care." A care worker told us, "We all pull together and help each other out."

Newsletters were sent to care workers and a separate one for people using the service and their relatives. This was to share good news stories, give any reminders and to overall improve communication.

The registered manager was continuously looking at implementing new ways of working for the benefit of the people using the service and care workers. They planned to extend new care workers induction, so that they would complete the training and shadow experienced care workers, before working unsupervised with people using the service.

The registered manager also held regular staff meetings for everyone so that any problems were identified and addressed. The meetings also encouraged the sharing of good practice. Weekly meetings were also held

with the registered manager and supervisor so that the work planned for the forthcoming week could be discussed. This ensured the registered manager was kept informed of how care workers practice was being checked and that people's needs were being reviewed.

We saw the improvements to the audits with the electronic system enabling the registered manager and office staff to check continuously on the support people were receiving and when care records were due to be reviewed or when care workers performance needed to be assessed. There were audits on staff files, people's care records and medicines records. The service had also been reviewed by an external consultant. This was to check on how the service was progressing and to highlight any areas needing to be improved. Overall their findings were positive and recognised the work the service had made to ensure people received a good quality service.