

Slades of Surrey Limited

Bluebird Care (Croydon)

Inspection report

181 Brighton Road
South Croydon
Surrey
CR2 6EG

Tel: 02086869496
Website: www.bluebirdcare.co.uk/croydon

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Bluebird Care (Croydon) is a domiciliary care agency providing personal care to people living in their own houses and flats. The service provides support to older people, people living with dementia, people with disabilities and people living with a learning disability and/or autism. At the time of our inspection there were 35 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right support

The provider had not always followed guidance for medicines management and people's medicines had not always been administered safely. However, we found no evidence anyone had been harmed and during our inspection the provider told us they would review and improve their medicines management systems, processes, and procedures.

Accidents and incidents were recorded and reported. However, the provider had not regularly analysed and used the information to identify why things had gone wrong. This meant the process for learning lessons when things went wrong was less likely to be timely and therefore, less likely to be effective. The provider had taken action to improve the service and the care provided when something had gone wrong. During our inspection the provider said they would carry out accident and incident audits more regularly.

Infection prevention and control followed best practice guidance and we were assured the provider was responding effectively to risks and signs of infection.

The service followed the Mental Capacity Act (MCA) and supported people to make decisions in accordance with the principles of the MCA.

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

Right care

There were risk assessments and care plans in place for people and staff knew people and their needs and preferences well. However, at the time of our inspection people's risk assessments did not include detailed and personalised information about their level of vulnerability to COVID-19. During our inspection the provider told us they would ensure people's risk assessments contained the information required regarding their individual risk from COVID-19.

There was a sufficient number of staff to meet people's needs and staff recruitment followed safer recruitment procedures.

People and their families said staff were caring, friendly and kind and respected their diversity, preferences and dignity.

There were systems and processes in place to safeguard people from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report abuse and raise concerns. Safeguarding incidents had been reported appropriately and in a timely manner.

Right culture

Managers and staff were clear about their roles, they understood regulatory requirements and their duty to be open and honest with people when something went wrong. There were quality assurance systems in place and action was taken to improve the care provided when issues were identified. However, not all the provider's audits were effective, as the provider had not identified the issues we found.

We have recommended the provider reviews their compliance systems and processes to ensure they are robust and always effective.

There was a positive and supportive culture that was person-centred, open and inclusive, which achieved good outcomes for people. The provider engaged and involved people, their relatives and staff in people's care and the development of the service. Managers provided staff with a good level of support. People, their families, staff and managers spoke positively about each other and feedback from people and their families about the service was mostly complimentary.

There were systems and processes in place to support continuous learning and the improvement of the service and the care and support provided.

Staff worked in partnership with healthcare services, other professionals, local authorities and voluntary organisations to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (16 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to look at the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Croydon) on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bluebird Care (Croydon)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 21 June 2023 and ended on 28 June 2023. We visited the location's office on 21 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 7 relatives of people who use the service. We also spoke with 6 staff, including the provider, the registered manager, a supervisor, and care workers. We reviewed a range of records. This included 6 people's care records and 4 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more records relating to the management of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered safely.
- There was insufficient information in place for staff about when and how to give people their 'when required' medicines. The provider did not use body maps to record where people's medicine patches had been placed on their body. This meant the provider was not following National Institute for Health and Care Excellence (NICE) guidelines for 'Managing medicines for adults receiving social care in the community'.
- Some people's 'when required' medicines had been given as always required medicine and some people's always required medicine had been given as 'when required' medicine. Some people's medicines were not listed in their care plans and some people's medicines that were listed in their care plans did not include information about what they were for or why they had been prescribed.
- We found no evidence anyone had been harmed. However, the failure to make sure medicines were administered safely at all times put people at risk of potential harm.

The provider's failure to ensure medicines were administered safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicines administration training and competency checks. Medicines administration records (MAR) charts were completed correctly when medicines were given. Regular audits of people's MAR charts were carried out.

Learning lessons when things go wrong

- Not all the systems and processes in place for learning lessons when things went wrong and sharing lessons learned with staff were effective.
- Accidents and incidents were recorded, and action was taken to learn lessons when something had gone wrong and share learning with staff. However, the registered manager told us analysis of accidents and incidents was carried out annually. This meant lessons were not always learned in a timely manner and this meant the process was less likely to be effective.
- We found no evidence anyone had been harmed. However, the failure to ensure all systems and processes for learning lessons when things went wrong were always effective could put people at potential risk of harm.

Assessing risk, safety monitoring and management

- There were systems and processes in place to assess, monitor and manage risks to people.
- People had risk assessments and care plans in place, and they contained detailed and personalised information for staff to safely manage the risks stated. However, some people's risk assessments did not include detailed and personalised information about their individual level of vulnerability to COVID-19. This was mitigated by the fact staff knew people's needs well, knew how to protect them from infection and people were able to communicate with staff.
- During our inspection the provider told us they would ensure all people's risk assessments contained the necessary information and level of detail required regarding their individual risk from COVID-19.
- A person told us, "They [staff] understand me and I understand them and I sometimes do not see the risks that they will see". A person's relative told us, "I have absolute faith in them and I know that they contact me immediately should there be any concerns for [name of person] safety or well-being". Another person's relative said, "They understand the risks that could be around [name of person] situation and act accordingly".

Staffing and recruitment

- There were enough suitably qualified and skilled staff to meet people's needs and support them safely.
- The provider's recruitment procedures followed safer recruitment practice and included Disclosure and Barring Service (DBS) checks for staff. DBS checks provide information, including details about convictions and cautions, held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Feedback from people and their families about staff punctuality was varied. One person told us, "They come twice a day but are always late, they can be from half an hour to an hour late". Another person said, "On the whole they arrive on time. I do wish that they would call me when they are running late, as I can be left waiting for anything up to an hour".
- However, another person told us, "They are not late, and they never rush me". Another person's relative said, "[Person's name] care times are suitable for [him/her] and there aren't any noticeable delays with the timings".

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse and improper treatment.
- Staff received safeguarding training and knew the types of abuse, the signs of abuse and how to report abuse and raise concerns. Safeguarding incidents were reported appropriately and in a timely manner.
- People and their families felt safe with the service and its staff. One person said, "I am very lucky to have them, I am safe as houses with them coming in three times a day". A person's relative told us, "We are really happy, and we know [person's name] is safe with them."
- Another person said, "They [staff] are very good and I am very safe with each and every carer I believe". Another person's relative told us, "It's the best care company we have ever had and [person's name] is so safe now and we can actually trust them".

Preventing and controlling infection

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service followed and adhered to the MCA.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems in place were not always effective.
- There were systems and processes in place to assess, monitor and improve the quality and safety of the service and mitigate risks relating to people's health, safety and welfare. The provider carried out audits of the service and this helped them identify issues and they took action to resolve and improve things when they found something had gone wrong. However, the provider's audits had not identified the issues we found during our inspection.
- Staff received ongoing information, training and support and were given a set of values. This meant staff understood their roles and knew what level of performance was expected of them.
- Managers knew and understood regulatory requirements and notifications were submitted appropriately and in a timely manner.

We recommend the provider reviews their compliance systems and processes to ensure the procedures in place are robust and always effective.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred culture that was open and inclusive and achieved good outcomes for people.
- Managers and staff were considerate, caring, supportive, attentive, flexible, friendly and kind. People, their families and staff felt comfortable to speak up and share their views. The provider and managers valued staff, provided them with a good level of support and recognised and rewarded their work and contribution to the service.
- One person told us, "They [managers and staff] are good and do listen to me and my needs". A person's relative said, "They [managers and staff] treat [name of person] like a person, like a human being that actually counts and is important to them".
- Another person told us, "They [managers and staff] are very good and the carers always say they love their jobs and are well looked after". Another person's relative said, "I have no qualms about going out now I know [name of person] is in such safe hands. They [managers and staff] are very helpful when I need them and I can have a couple of hours respite from the strain of caring and not have to worry for that time, which

is a godsend. I can't tell you what a relief it is for me, I feel I can breathe again".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour and managers and staff communicated openly and honestly with people and their families when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people, their families and staff in people's care and the development of the service.
- People's individual diversity and their equality and protected characteristics were assessed, valued and respected. People and their families were included in reviews of their care, and they could contact office staff and managers any time to raise issues or share their views. Staff could use the provider's electronic care records system to send managers information and updates about people's needs and the care they required.
- The provider sent surveys to people, their families, and staff to gather their feedback and any ideas they had to improve the service. They also sent people and their families a newsletter. The provider had a complaint policy and procedures in place for people and their families to make a formal complaint. Staff were able to share their views in supervision, staff meetings and informal chats.
- A person told us, "I believe that they are always helpful and listen". Another person said, "I have called the office and they are pretty good and always willing to help". One person's relative told us, "They have sent a questionnaire and I give our views freely" and another person's relative said, "I have filled in a questionnaire happily".
- A person's relative told us, "I would definitely recommend the service very highly indeed". Another person's relative said, "I would certainly recommend this service, I couldn't do without them".

Continuous learning and improving care

- There were systems and processes in place to support continuous learning to improve the care provided.
- Managers received updates to guidance and work practices from Bluebird Care's head office and its compliance manager. The provider and registered manager were on CQC's mailing list and also received updates to guidance from CQC.
- Information and updates to guidance and work practices were shared with staff.

Working in partnership with others

- The service worked with other organisations and professionals to ensure people received the right care and support when they needed it.
- This included working with doctors, nurses, specialist healthcare services and local authorities.
- The service worked with St Christopher's hospice to provide people with end of life care and support and also worked with a local authority carers support service.

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 The provider failed to ensure medicines were always administered safely.