MJ CareCentre Limited

Bluebird Care (Brent)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

• Bluebird (Brent) is a domiciliary care agency which provides care to people in their own homes.
• There were 76 people using the service at the time of our inspection.
• Most people using the service were older adults (over 65 years of age), although some younger adults with physical disabilities received a service.
• People using the service lived within the London Borough of Brent and the majority had their service commissioned by the local authority.
• The service provided covered a range of areas including prompting with medicines, personal care, housework and laundry.

People's experience of using this service:

• There were effective systems and processes to minimise risks to people. We reviewed evidence, which showed people were protected from abuse and avoidable harm.
• Generally, people received their calls on time. A few people told us they did not always receive their calls on time. We saw evidence there were on-going improvements in relation to staff punctuality.
• People's needs had been assessed. There was evidence that their care and support needs were met.
• People were treated with dignity and respect. We saw evidence that the service involved people and treated them with compassion, kindness, dignity and respect.
• People told us that they received personalised care that ensured their needs, preferences, and interests were met. There was evidence to support this.
• There were governance systems and processes in place. However, these were not always used effectively to monitor people's calls and identifying gaps in the accurate recording of people's records.

We have rated the service as good overall. However, there are areas that require improvements. We have therefore rated well-led as 'requires improvement'.

Rating at last inspection:

At our last inspection, the service was rated "Good". Our last report was published on 25 August 2016.

Why we inspected:
• This was a scheduled inspection based on the previous rating.

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 safe.	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always Well-led.	**Requires Improvement**

Bluebird Care (Brent)

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was comprised of one adult social care inspector, one bank inspector, and 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. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection because we needed to be sure that they would be in.

What we did:

• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
• We checked records held by Companies House and the Information Commissioner's Office (ICO).
• We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We spoke with six people who used the service and 10 relatives.
• We spoke with the provider's two directors, registered manager, compliance and recruitment manager and six care workers.
• We reviewed 12 people's care records, seven staff personnel files, audits and other records about the management of the service.
• We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Our findings

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

We have inspected this key question during our previous inspection in June 2016. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

• People felt safe in the care they received from staff. We received consistently positive feedback including, "I feel very safe. I am happy with the way care workers treat me." Relatives told us, "I have no doubt that [my relative] is safe. Bluebird is a very good service and I am very satisfied with them" and "Bluebird has fantastic care workers. I can leave and go out and [my relative] will be safe."
• The service had relevant policies in place, including safeguarding and whistleblowing. These were readily accessible to staff.
• Care workers had received safeguarding training. They knew how to identify and report concerns. They were aware they could notify other agencies such as the local authority, the Commission and the police when needed.
• Reports and learning from safeguarding incidents were available to staff.

Assessing risk, safety monitoring and management:

• There were effective systems and processes to minimise risks to people. Risks had been identified, assessed and reviewed.
• Each person's care plan had several risk assessments and measures to reduce risk. For example, one person was at risk of falls and another person was at risk arising from them living with dementia. In both examples, care workers had information to reduce risks.

Staffing and recruitment:

• Staff had been recruited safely. The service carried out appropriate staff checks at the time of recruitment

and on an ongoing basis. This included at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
• We spoke with people about staffing levels and the general feedback was that care workers were on time although there were occasions when they were late. One person said, "Care workers are not always on time. They ring to let me know." Another person told us, "Give or take five minutes, care workers get here generally on time. Another person said, "They get to me usually on time but if they are going to be late they will ring and let me know." A relative told us, "Occasionally, they will be running late. They phone and apologise."
• We asked about the system for monitoring that calls had taken place. The current monitoring system relied on care workers logging in via people's landlines. However, some people did not have a landline. Therefore, not all visits were logged. One person told us, 'I feel that the system for monitoring is not strong enough when regular care workers are not able to come in."
• We spoke with the registered manager about the gaps in the current system and she told us that care workers could send a text via their own mobile phones to report that they had arrived. However, there was also gap in this system in that there was no means to confirm that care workers had actually arrived. Therefore, there was a risk that care workers could send an inaccurate account of their whereabouts.
• Following the inspection the provided contacted us to confirm that they had introduced a new system, which audited 'actual vs planned' visit times to ensure people were receiving their care as planned.

Using medicines safely:

• There were systems in place to ensure proper and safe use of medicines. The service had a medicines policy which was accessible to staff.
• One person told us, "My care worker helps me with my tablets and makes sure that I have taken them." Another person told us, "I have a blister pack. My care worker gives me my medicines every morning and every night."
• Medicine administration records (MAR) were completed appropriately and regularly audited. All care workers had received training in the administration of medicines which was regularly refreshed.
• Care workers we spoke with were confident about their new role in administering medicines. One care worker told us, "I feel confident. I have received training. My competency is regularly checked."

Preventing and controlling infection:

• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. There was an infection control policy, which was accessible to staff.
• Care workers had completed training in infection control prevention.
• Care workers received personal protective equipment (PPE) such as gloves and aprons. They told us this was readily available at the office.

Learning lessons when things go wrong:

• The service had a system for managing accidents and incidents to reduce the risk of them reoccurring.
• We saw that staff completed accidents and incidents records. These included details of the action taken to respond to and minimise future risks, as well as information about who they notified.

We recommend that the provider takes advice from a reputable source to ensure their system of monitoring calls was reliable and effective.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

We have inspected this key question during our previous inspection in June 2016. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

• People's needs were assessed prior to using the service. Assessments covered areas such as nutrition, moving and handling, personal care, health and safety, and relevant medical conditions.
• Care plans included guidance about meeting these needs. People gave us consistently positive feedback about how the service was meeting their needs. One person told us, "Care workers know what to do. I am happy with what they do." A relative said, "Care workers know what they are doing. [My relative] has his own routine and knows how he likes things to be done. Care workers are aware of his needs."
• We reviewed a sample of care plans. One care plan included breakfast choices and personal care preferences. Another care plan detailed the person's needs in relation to meal preparation, housekeeping and nutrition. Both gave a concise but comprehensive account of people's needs and actions required to support them.

Staff support: induction, training, skills and experience:

• Care workers were supported to have the skills and knowledge to carry out their role.
• People told us that staff were skilled in their roles. One person told us, "I know most of the care workers very well. They know what I need and they do it well.' One relative told us, "Care workers know what they are doing. They always do what they are supposed to."
• Care workers had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• New care workers shadowed experienced members of staff until they felt confident to provide care on their own.

• Care workers told us they were supported with training. There was evidence of on-going essential training, including infection control, equality and diversity, moving and handling, safeguarding and medicines handling. Records confirmed care workers were up to date with their training.
• Care workers spoke positively about their line management. They felt able to approach their line managers at any time for support. We evidenced that care workers were supported through regular spot checks (unannounced visits by the provider to observe care), supervision and yearly appraisal of their performance.
• We spoke with care workers who were enthusiastic about their roles. Most of care workers were experienced working within the care field.

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

• People's rights were protected because the service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met.
• The MCA 2005 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 2005.
• People participated and made decisions about their care. We examined their records, which confirmed that decisions had been made in their best interests and by whom.
• People told also confirmed they were involved in making decisions about their care. One person told us, "Care workers do ask before providing support. They never do anything without asking." A relative said, "Care workers always ask for consent even though [my relative] doesn't always understand."
• Care records documented whether people had capacity to make decisions about their care. Most care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Supporting people to eat and drink enough to maintain a balanced diet:

• People were supported to eat and drink to maintain a balanced diet. A person told us, "I have drinks in the fridge and I also keep microwave meals in. I cook for myself but my care worker will put things in the microwave for me. My care worker also makes me porridge for breakfast."
• There was a nutrition policy to provide guidance to care workers on meeting the dietary needs of people.

Staff working with other agencies and supporting people to access healthcare services and support:

• People were supported to access the healthcare services they needed. People told us care workers accompanied them to hospitals and appointments with GPs.
• We noted good examples of this. One person told us, "When I took ill, a care worker was here and called an ambulance. I stayed in hospital for a few weeks." Another person said, "If I told my care worker that I needed a doctor she will get one for me." A third person told us, "I haven't needed to yet, but I am sure that If I was not well, my care worker would get the doctor in for me."

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We have inspected this key question during our previous inspection in June 2016. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

• Care workers protected and respected people's human rights. Staff had received equality and diversity.
• People's diversity and human rights were highlighted in their care plans. People felt that care workers treated them fairly, regardless of age, gender or disability. This was confirmed by relatives we spoke with. One relative told us, "[My relative has a disability]. The care worker is very good and understands [my relative's] need and how to approach him." Another relative said, "Care workers do treat [my relative] fairly. They do try hard but this is not easy because [my relative] has hearing problems."
• Practical provisions had been made to support people's diversity, including gender preferences. We asked people if they could choose the gender of their care workers. One person told us, "When I started to use the service they asked for my preference. Since then, I have always had a female care worker. My preference is being met." A relative told us, "[My relative] would not want a male care worker and so only ever had female care workers."
• The service treated people's values, beliefs and cultures with respect. Care workers respected and met people's cultural and spiritual needs. There were examples where care workers were matched with people according to language. A relative told us, "The care worker speaks our language. We are from the same country, so she understands what we like." Another carer said, "[My relative's] needs are met. One carer speaks our language."

Respecting and promoting people's privacy, dignity and independence:

• We asked people if care workers were kind and caring and they told us, "My care worker treats me with respect and kindness", "My care worker is a nice, kind and caring person" and "My care workers are kind and caring. At times they bring me milk, and odds and ends."

• Relatives were as complimentary. They told us "My relative's care worker is a saint. He is a fantastic and polite person. If I meet him in the street, he always helps me to bring my shopping home" and "The care worker is kind and gentle with [my relative]. He speaks with [my relative] in a kind way. He definitely treats [my relative] with dignity."
• The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.
• Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

Supporting people to express their views and be involved in making decisions about their care:

• People told us they had been fully consulted about their care. They were supported to maintain their independence. Their care records contained information about their choices and independence.
• Staff were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included their likes and dislikes, gender, interests, culture and language
• We asked people if they had a regular team of care workers. Their feedback included, "We do have the same care workers and that is good", "We have had the same care worker for a while now" and "I do have the same carer. Sometimes I have a different one when she is sick."
• Relatives also felt people had a regular team of staff. One relative told us, "My relative has the same care worker all of the time. This is important because [my relative] can relate to her." Another relative told us, "[My relative] has had the same regular care worker for the last few years now. If he is ever off, he will tell me who is coming in, in his place." This gave us a level of reassurance that people received care that was consistent with their needs.

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

We have inspected this key question during our previous inspection in June 2016. This key question was rated "good". At this inspection we saw this had been sustained. Legal requirements had continued to be met.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People's care plans gave an account of their needs and actions required to support them. Their likes, dislikes and their preferences for care and support were highlighted.
• People told us that they received care that met their needs. They told us that they were involved in their care planning, which their relatives confirmed. One person told us, "The managers came and we discussed my care. They have continued to come in to talk about my care." A relative told us, "The service did an assessment. We told them what we wanted and this was met. We are very satisfied."
• People told us that they received care and support that was responsive to their individual needs. They told us that care workers visited them at a time that suited them. One person told us, "Care workers have been flexible. If I need to get to the doctor or the hospital they are there for me." Another person said, "My care worker will come in early to get me ready if I am going to the hospital." A relative told us, "[My relative] goes to the day centre a few times a week. The care worker come early to get [my relative] up on time. If there is a GP appointment we let the care worker or office know and the care worker will be earlier."
• Although we established from people, their relatives and survey responses that people's needs were being met, we noted that daily records for some people were not accurately documented to reflect their daily account. Instead, entries made for many consecutive days were similar and therefore did not provide an account of each day. This presented a risk for continuity of care because relevant information about people at any given time was not recorded. Following the inspection, we received confirmation that this had been rectified.

Communication:

• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share;

and meet. The service had taken steps to meet the AIS requirements.
• People's diversity and human rights were highlighted in their care plans. Care plans included information about people's diverse needs such as their preferred language. Under a section with a heading 'what is important to me', one person had requested that they only wanted Gujarati speaking care workers, and we saw this was met. Another person only spoke Portuguese and they had a care worker who spoke Portuguese.

Improving care quality in response to complaints or concerns:

• The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint.
• People confirmed they were given information about how to make a complaint. One person told us, "I got all the information in a booklet they gave us. I phone the office if things are not right." Another person said, "I have a book. This tells you who to ring." A third person said, "They have left all the information with us. I know how to deal with complaints."
• People felt listened to by care workers. They told us that care workers took their concerns seriously and addressed them quickly. One person told us, "I had a problem with a care worker. I asked the service not to send them again, and this was addressed quickly." Another person told us, "Before [my current care worker], I had one care worker who was not so good. I complained and they did not send this care worker again."

Requires Improvement

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.

We have inspected this key question during our previous inspection in June 2016. This key question was rated "good". At this inspection we saw this had not been sustained. The service required improvements.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

• A range of quality assurance systems had been used continuously to drive improvement. The service carried out regular surveys, audits and spot checks. Accidents and incidents were monitored.
• We noted that the audit system was effective in many areas. However, this had not identified an on-going record keeping issue that did not give an accurate account of people's day to day activities.
• The audit system had also failed to identify the gaps with the monitoring system that was in place to monitor staff arrival and departure times. The provider only recognised the flaws with the system after our feedback. Whilst the provider had acted to address these concerns, we still judged that more input was required in the monitoring of calls to ensure lateness was further reduced.

We recommend that the provider takes advice from a reputable source about developing an appropriate and sustainable audit system.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• The service planned and promoted person-centred care for people. We saw evidence care was planned to meet people's needs, preferences and interests. People told us that they had choice and control over their care.
• One person told us, "I am involved in my care. A lady from Bluebird came and went through a big booklet and did a thorough assessment. Bluebird do check what I need from time to time." This view was repeated by most people spoken with.

• We asked people if they were happy with the way that the service was managed and led. One person told us, "We are very happy with the service. We can phone up if necessary. The care worker is on time. It all works well." Another relative said, "I am pleased with the service, it works for [my relative], for me and the family."
• People and their relatives told us that they would recommend the service. One relative said, "Yes, I would definitely recommend Bluebird if someone was in my position." Another relative said, "I would recommend Bluebird to people anytime." A third relative told us, "If anyone needed help I would say go to Bluebird." However, one person told us, "I would not really recommend Bluebird", citing concerns around staff punctuality.
• The culture of the service was focused on ensuring people received person-centred care. People were visited at home for their assessments, which they contributed to. They were visited at home and surveys were carried out for their feedback. However, because some people received late calls, they may not have received high-quality, person-centred care.
• The service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There was an open and transparent approach to safety and a system was in place for reporting and recording significant events. We had been notified of significant events.

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

• There was a clear leadership structure and care workers felt supported by management.
• The service proactively sought feedback from staff and people, which it acted on.
• The leadership structure comprised two directors, the registered manager, one care coordinator, one field supervisor, training manager, compliance and recruitment manager and an administrator. Largely, we found the management to be knowledgeable about issues relating to the quality of the service.
• There were care workers. They told us there was an open culture within the service and they could raise any issues at team meetings and felt confident and supported in doing so.
• Care workers were encouraged to identify opportunities to improve the service. We noted some staff had received awards, including Employee of the month.

Working in partnership with others:

• The service worked with a range of other agencies. For example, there was a strong community focus. The service worked with local colleges and employment agencies. One staff member was a Skills for Care ambassador to help with recruitment.