

Roch 2 Limited

Bluebird Care (East Hertfordshire)

Inspection report

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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



Overall summary

When we last inspected the service on 05 March 2015 we found them to not be meeting the required standards in relation to regulations: 11, 12, 13, 15, 16, 18 and 19. At this inspection we found that they were meeting most of the required standards.

This inspection took place on the 13 August 2015 and was announced. We told the provider two days before our visit that we would be coming to make sure that relevant

people would be available to assist us with the inspection. As part of the inspection process we telephoned staff and people who used the service to obtain feedback about their experience of the service.

Bluebird Care (East Hertfordshire), provides personal care and support to people in their own homes. At the time of our inspection we were told there were 63 people who used the service.

Summary of findings

Care plans were personalised and included information about people's life history and interests. People's individual needs were assessed and were specific to people as individuals. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities. However not all care plans had been updated with relevant information for people and staff.

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse, accidents and incidents were monitored to ensure the appropriate action had been taken. There were regular quality assurance checks carried out to assess and improve the quality of the service. However, where audits for medicines had been done and problems found. These were not always investigated properly and remedial action were not in place.

Care plans were being updated. However not all care plans had been updated to provide good guidance to staff and make the care plan person centred.

The provider used safe recruitment practices. Staff were aware of their responsibility to protect people from harm or abuse.

Staff received regular training and supervisions. Staff had appropriate training to meet people's individual needs. There were meetings held for staff to share information.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005. Staff also understood the importance of giving people as much choice and freedom as possible.

People told us that staff where required supported them with food and drink and staff had access to accurate and up to date information to help them meet people's needs.

People and relatives told us, staff were kind and people appreciated the positive relationships they had with staff. People using the service were complimentary about the staff providing the service. Choices were given to people at all times and people's privacy and dignity were respected and all confidential information about them was held securely.

The service was well led by a manager who promoted a fair and open culture. They encouraged staff to take responsibility and supported their professional development. The manager also had a support structure in place. There were regular supervisions and appraisals to support staff.

Summary of findings

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 consistently safe

Not all risks to people and staff had been documented properly.

People's medicines were delivered safely by competent staff. However, this was not always documented on the correct forms.

There were sufficient staff available at all times and people were protected by staff that could recognise signs of abuse. People told us that they felt safe.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff that had appropriate training. Staff were knowledgeable about people's individual care and support needs.

People were supported with food and drink and their individual health needs were met.

People were supported to maintain good health and consent was sought.

Good



Is the service caring?

The service was caring.

Staff were kind to people and treated them as individuals.

People and or their advocates were involved in planning their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted.

Good



Is the service responsive?

The service was not consistently responsive.

Not all care plans had been updated to provide good guidance to staff and make the care plan person centred.

Most people were receiving their calls on time by regular staff.

There were opportunities for people to express their views about the service and there was a clear complaints procedure.

People and their relatives were involved with care planning to promote and represent the person's individual's personal needs.

Requires improvement



Is the service well-led?

The service was not consistently well led.

Requires improvement



Summary of findings

Medicine audits completed had no system in place to adequately address the problems found.

There was a registered manager who encouraged openness throughout the service and all staff had opportunities to discuss any concerns or ideas they might have.

There were systems in place for the provider to monitor and audit the quality of the service provided.

Bluebird Care (East Hertfordshire)

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 was announced and took place on 13 August 2015. One inspector visited the service to carry out the inspection.

Before we visited, we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events, which the provider is required to send us. We spoke with the monitoring officer for the local authority to request feedback about the service.

During our inspection we spoke with eight staff, the manager and providers. Fifteen people who used the service and eight relatives. We looked at five care records and three staff files. We reviewed other documents including audits and the provider's improvement plan.

Is the service safe?

Our findings

When we inspected the service on 05 March 2015 we found that the service was not meeting the requirements in relation to Staffing, recruitment, safeguarding and training for medicines. At this inspection we found that they had made some improvements.

People told us that they felt safe, and had no concerns about staff that visited their homes One person said, “I feel safe and they [Staff] are good company”. “One staff member said, “I always make sure people’s homes are secure before I leave”. This showed staff thought about people’s safety.

People were supported to take medicines by staff that had received the appropriate training. However we found that medicine administration records (MAR) were not always completed correctly to demonstrate that the medicines or creams had been administered. Weekly audits had been completed by the care supervisors. However, where errors had been identified, not all of these were investigated properly, we discussed this with the manager. We found that where the MAR chart had not been completed there had not been sufficient checks to ensure people had been supported to receive their medicines. We found that in all the cases we looked at where information had not been recorded on the MAR chart it had been documented in people’s daily notes that they had been given their medicines. This meant staff were supporting people with medicines, but were not always using the correct documents to record the information.

Risk assessments were reviewed and updated regularly or when necessary, to reflect changes in people’s needs. However, one relative told us that their relative’s needs were not being met. For example they told us that their relative required the same routine and having the same staff would support this. However we were told by staff that this did not help. This was conflicting information around the persons care in relation to having continuity with staff members. The manager had attended a meeting at their home to discuss the areas of concern. The manager informed us that one of the issues raised was around aggression towards staff and that some staff had refused to attend the calls. The manager informed us that this had been discussed with the relative. We spoke with one staff member who checked the care plan and confirmed that

there had been no updates made to the care plan about these meetings this meant that changes to the persons care or needs had not been documented and no guidance or updates for staff.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people’s safety. The provider showed us an email that had been sent to all staff containing the Whistle-blowing policy. Staff were able to verbally demonstrate they understood that they knew how to raise concerns within the organisation and externally . Staff had received training in safeguarding people and staff we spoke with demonstrated a good understanding of these processes, they were able to tell us about who they would report concerns to. They were confident that the manager would deal appropriately with any concerns they or people might have. One staff member told us, that they were impressed with the response from the office staff to an incident they had reported. We saw examples of where there were concerns, safeguarding’s had been raised and the notifications sent to CQC.

There were effective arrangements in place for staff to access the homes of people who were unable to open the doors. Where necessary, key safe codes were used. Staff were given the codes to the key safe in the form of letters from the alphabet. The staff were able to decipher the letters into numbers by using a decoding system, the system was changed regularly to ensure the information remained confidential and people’s security was maintained. Staff we spoke with demonstrated that they knew how to keep this information safe so that access to people’s homes was by authorised people only. One staff member told us, that they did not discuss people’s personal information. They also told us, “it was important to contact people if we are delayed to prevent people worrying about where we are”. Is this a quote? Staff told us that “they always knock on the door and announce their arrival to alert the person to their presence”. Is this quote?

Care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. For example, environmental risk assessment had been completed as part of the service’s initial assessment process. This helped staff to identify and minimise any potential risks in the person’s home. One staff member Said, “I always make sure there are no trip hazards before leaving people’s homes.”

Is the service safe?

People and their relatives told us that there had been improvements to staff attending calls on time and staying for the agreed duration. We found that there were enough staff employed to support people's needs safely. One person said, "I am happy with the service because the [Staff] are regular and [They] are always on time." There was an effective system to manage the rotas and the provider had an on going recruitment programme so that they covered any vacancies as they occurred. Staff confirmed they were allocated enough travel time between visits. However, staff members told us, it's not perfect and one gave an example of a visit they had recently attended where there was no travel time allocated in between visits

and they ended up being late. We saw from the monitoring system used that there had been big improvement to people receiving their calls on time and more continuity of staff since our last visit.

The provider had effective recruitment processes in place to complete all the relevant pre-employment checks, staff started work after all necessary employment checks had been carried out. These employment checks included relevant background checks, reference checks and a review of the applicant's employment history. This meant that people employed were of good character.

Is the service effective?

Our findings

When we inspected the service on 05 March 2015 we found that the service was not meeting the requirements in relation to consent. At this inspection we found that they had made improvements and were meeting the standards

People felt that staff were well trained and knew what they were doing while supporting them. One relative said, “I would say [Staff] are well trained.” Staff we spoke with felt they provided good care. One member of staff said, “The training is very good.”

The provider had a training programme that included an induction for all new staff. The provider kept a computerised record of all staff training which made it easier for them to monitor any shortfalls in essential training, the system provided alerts when staff updates were due. This enabled staff to update their skills and knowledge in a timely manner. There were also regular spot checks to observe staff at work and to check their knowledge. Staff we spoke with confirmed that this happened on a regular basis. One staff member told us, “I had four days training that I thought was really good, they were quite thorough. I then had two days ghosting (Ghosting means that the person works alongside a qualified staff member to assist with their learning) and a week attending calls where the tasks required the assistance of two care staff, I found this helpful”. The member of staff also told us, that they had dementia training before but the dementia training received though Bluebird had given them a better understanding. They went on to say, “I have received spot checks every week since I started.” We were told by another member of staff, that where they required additional support with training that they had felt supported by the provider. The provider had also introduced a trainer trainer programme. This meant they had a staff member who had been trained to deliver training to other staff.

Staff told us that they received regular supervision and staff meetings. We saw evidence of meetings in the records we looked at and saw that they were used as an opportunity to evaluate staff member’s performance and to identify any areas where they needed additional support. Staff also received emails with updates on how they were performing with staying for the agreed times on calls they attended. This was done to monitor and improve on the progress that the staff were making. One staff member said, “I call the

office if I am running late and they inform the clients, the communication works well”. People we spoke with who used the service told us that they were being informed if people were running late.

People were supported to give consent before any care or support was provided. Records showed that people had signed to indicate that they consented to the care being provided by the service. Staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, “I respect people’s decisions and it’s important to give people choice and I give that choice in different ways to help people choose.” For example, they told us they would hold up different items of clothing to support people to make a choice. One person said, “I feel listened to.” People told us that they were always asked for their consent.

There was evidence in people’s care plans that where a person did not have capacity to make decisions about some aspects of their care, capacity assessment had been completed and decisions to provide care in the person’s best interest had been made in conjunction with people’s relatives and other care professionals. Staff we talked with understood the importance of choice for people and that they should always assume that people have capacity unless there was reason to believe otherwise. The manager told us, if we had concerns around capacity this would be passed on to the appropriate authorities to ensure people’s best interests were considered.

Some people told us that they required staff to prepare their meals and everyone was happy with how this was being done. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One person said, “They [Staff] make my breakfast and they prepare my lunch from the freezer and they feed my dogs and let them out in the garden.” One staff member said, “I make sure people have eaten and have access to a drink”. One relative told us, “that staff support their [Relative] to eat and they always eat better for [Staff] than they do for me.”

People were supported to access other health and social care services, such as GPs, dieticians, and community nurses so that they received the care necessary for them to maintain their health and wellbeing. People told us that they were supported by their family members or friends. No one we spoke with relied on care staff for this purpose. Staff

Is the service effective?

told us, that they had responded quickly to people's changing needs. For example, they had contacted people's GPs and relatives when required due to people being unwell; they sought advice from other health and social care professionals.

Is the service caring?

Our findings

People and their relatives were very appreciative of the way they had been cared for by staff. They told us that staff were caring and kind. One person said, “I am happy with my [Staff] they are nice, they chat to me and tell me what they are doing. They are kind and caring and they listen to me.”

People and their relatives told us, that they were involved in the planning of the care from the outset. They told us that they had been involved in the care and that staff took account of people’s individual choices and preferences. One relative said, “The care plan has been reviewed.” The manager told us that the supervisors would review care plans with people and their families on a regular basis and where required. One of the supervisor confirmed that they regularly met with people to discuss changes and to ask if people were happy with the service. One relative said, “we recently had a care review.” This meant that people’s care was reviewed to discuss people’s needs.

People told us that staff provided care with respect and dignity. Staff also demonstrated that they understood the importance of respecting people’s dignity, privacy and independence. They gave clear examples of how they

would protect people’s dignity while providing personal care. One member of staff said, “I explain everything that I am doing, you have to put yourself in their position. I cover people with towels whilst giving personal care and make sure they are comfortable”. Staff told us the importance of promoting peoples independence. People we spoke with told us how caring and supportive the staff were. One person said, “They [staff] are absolutely brilliant, the care is excellent.” One relative said, “Staff are really good They are caring, kind and respectful.”

One person told us that staff go that extra mile and they do things that are not on the care plan. For example, “they empty the washing machine and hang the clothes up.” One person said, “One of the [Staff] sews for me when buttons need putting back, I can’t do that now.” Another person told us, Staff telephoned the occupational therapist to arrange for me to get a new piece of equipment. Staff told us that they read people’s care plans to learn about the person they gave care to and if they were going to a person that they had not attended to before they would contact the office to ask about the person’s needs. One staff member said, we talk to people and you learn so much about the person’s past.”

Is the service responsive?

Our findings

When we inspected the service on 05 March 2015 we found that the service was not meeting the requirements in relation to complaints. At this inspection we found that they had made some improvements.

People who used the service had been assessed, and appropriate care plans were being put in place so that they received the care they required. One person said, "I am very happy with the care, I have had other agencies but the care was not as good." A relative said, "[Staff] are professional."

Care plans were being re-written to improve information and guidance for staff and to make them more person centred. We found that the care plans had good relevant information about the person and good guidance for staff. However, not all care plans had been updated to provide good guidance to staff and make the care plan person centred. The manager told us that they will all be completed by the end of August. The care plans we saw contained assessments that included moving and handling, nutrition and hydration, infection control and medicines. There was evidence that care plans were reviewed regularly or when people's needs changed.

People confirmed that they were receiving calls from the same carers more regularly. This meant that staff would get to know people's needs very well. This would enable them to provide consistent care or to identify when people's

needs had changed and we were told by the manager that up to eighty percent of calls had regular staff and that they were working towards a consistent and regular staff group for people who used the service.

Staff told us that they always chatted with each person about things that interested them while supporting them with their personal care or preparing meals. One member of staff, told us how they supported one person to do their exercises. The provider's 'on call' system ensured that any staff changes were monitored and dealt with quickly so that there was minimal impact on people's care. For example on the day of our inspection, one staff member called to inform the office that they would not be coming to work. The staff member had three calls to attend that morning and the calls co-ordinator was able to rearrange the visits quickly by utilising spare call times within staffs rotas and field supervisors. This showed that there was a system to respond to changes to staffing levels. The call co-ordinator told us that the people had been contacted to advise them of the changes.

The provider had a complaints policy. We saw where complaints had been received, they had been responded to appropriately. The provider had a complaints matrix in place to support this process. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, "The only concern I had was dealt with. Another person said, "We did have to complain about different [Staff] turning up and we were happy with the way this was dealt with." All people we spoke with were aware of how to make a complaint.

Is the service well-led?

Our findings

When we inspected the service on 05 March 2015 we found that the service was not meeting the requirements in relation to there not having a registered manager, the location was not registered, incorrect charges and quality assurance monitoring. At this inspection we found that they had made some improvements.

We saw that a system of audits, surveys and reviews were completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as medicines, staffing, care records and electronic call monitoring. However, we found that although weekly medicines audits had been completed there was not a system in place to adequately address the problems found. These issues had not been picked up in the monthly audits, and where issues were found they had not been addressed.

There was an improvement plan in place. We saw that where areas for improvement had been identified action plans were put in place. For example, The on call monitoring system has been changed to provide a fairer charging system. This meant, the telephone monitoring system captures information about the times and duration of visits and people will be charged for the call time they received, not the planned call time. The manager told us, that this was a better way and protected people from being overcharged. We saw evidence of people that had received refunds where they had been over charged for the care they received.

There was a registered manager in place who promoted an open culture; this was promoted at meetings and in supervisions. Staff told us that the manager was very approachable. One staff member said, "If I get any problems now I find my manager is supportive. I can go to my manager." The manager told us there were regular meetings for staff to talk about any concerns but my door is

always open." Staff we spoke with were aware of the whistle blowing policies and contact numbers for people to call should they have concerns. Staff confirmed they received supervisions and told us that they had been to staff meetings. Staff were also sent minutes of the meetings. This meant that staff, that had been unable to attend, were informed about issues and updates discussed at meetings.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service such as accidents and incidents. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The manager introduced a newsletter that had been sent to people's homes. The newsletter will be sent every three months. The first edition contained photos and an introduction of all the office and management team. This meant people would be aware of who worked in the office. The newsletter was also asking people if they would like to be involved in a customer forum. The manager told us, this was to involve people to have more say about the care they wanted. Surveys were also sent to people every nine months to obtain feedback and the manager told us, the team field supervisors are our communication link to people, the regular reviews with people are to establish how people feel and discuss any areas of concern. People we talked with confirmed that they had had reviews.

The manager told us that they felt supported in their role by the providers and the quality manager who had provided lots of support with auditing and training. The manager told us that he could just pick up the phone anytime if needed to discuss any issues. The manager was developing their knowledge further through "Advanced Safeguarding Champion Pathways" this meant that they were developing champions in safeguarding to support staff.