

V&J Billington Limited

# Bluebird Care (Elmbridge & Runnymede)

## 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?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 10 June 2016 and was announced.

Bluebird Care (Elmbridge & Runnymede) provides care and support to people in their own homes. The service provided personal care to 72 older people at the time of our inspection, five of whom were receiving live-in care.

Mr Jonathan Billington is the Director of the business and is registered with the CQC as the Nominated Individual for the provision of personal care. Mr Billington is referred to in this report as 'the provider'. There was a no registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. The service manager had begun the process of registering with CQC.

At the last inspection in August 2015, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On two occasions care workers had missed visits, which had serious or potentially serious consequences for people. The agency's monitoring systems had failed to highlight that care workers had not arrived, which meant no action was taken to ensure that the person received the care they needed or to check the care workers' safety and welfare.

Following this inspection, the provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At our inspection in June 2016, we found the provider had introduced measures to address these concerns. The provider had implemented a new app-based system, which all care workers had installed on their smart phones. The system enabled the provider to monitor visits more effectively and to support lone working care staff. The manager told us there had been no missed calls since our last inspection.

People and their relatives told us their care workers were reliable and had never missed a visit. The provider had carried out risk assessments to keep people safe and developed plans to prioritise the delivery of care to those most at risk in the event of an emergency. Staff received training in safeguarding and recognising the signs of abuse. They knew about their responsibilities if they suspected abuse and how to report their concerns. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency. People's medicines were managed safely.

People received their care from regular care workers who knew their needs well. Staff had access to the training and support they needed to fulfil their roles. Care workers attended an induction when they joined the agency and shadowed experienced colleagues until the provider was confident in their ability to provide

people's care safely and effectively.

People's consent was obtained before their care was provided. Where people were did not have capacity to give consent, the provider sought the views of their representatives. The agency worked co-operatively with people's families to ensure they received the care they needed. Relatives said care workers were observant of any changes in their family member's needs and that the provider contacted them if they had any concerns about people's health or welfare. People's nutritional needs were assessed when they began to use the service. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

People were supported by kind and caring staff. People told us their care workers were polite, courteous and treated them and their property with respect. They said they had developed good relationships with their care workers and looked forward to their visits. Relatives told us that care workers knew their family members preferences about their care and promoted their independence.

People received a service that was responsive to their individual needs. They told us they had been involved in developing their care plans. People and their relatives said their care workers provided care and support flexibly according to their wishes.

People and their relatives had opportunities to give their views about the service and these were listened to. People told us they received surveys and regular contact from the management team to ask for feedback. Any complaints received were recorded and investigated appropriately.

The monitoring and governance of the service had improved with the establishment of a full management team. The management team communicated regularly to ensure all aspects of the service functioned effectively.

Care workers told us the management support they received had improved. They said the management team was supportive and that they could always contact the office if they needed to. The manager had introduced regular team meetings, which aimed to improve communication and promote good practice. A member of the management team regularly carried out spot checks on care workers to observe their practice when caring for people. The manager had taken action to address any shortfalls in care provision.

## 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.

Care workers were reliable and almost always arrived on time.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Staff attended training in safeguarding and knew about their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

### Is the service effective?

Good 

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

People's care was provided in line with the Mental Capacity Act 2005.

People received appropriate support with eating and drinking where they needed it.

Care workers monitored people's health and welfare effectively.

### Is the service caring?

Good 

The service was caring.

Care workers were kind and caring and had positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed.

Care plans provided detailed guidance for staff about people's needs and the way they preferred things to be done.

People said care workers followed their care plans and were willing to do other tasks if needed.

Complaints were managed appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People who used the service, their relatives and staff were encouraged to express their views and these were listened to.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

The management team had introduced measures to promote team values and good practice.

# Bluebird Care (Elmbridge & Runnymede)

## **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 was 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 10 June 2016. The provider was given 48 hours' notice of our visit because we wanted to ensure the provider and the manager were available to support the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as we were following up concerns identified at the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's premises and spoke with the registered provider and the manager. We checked care records for four people, including their assessments, care plans and risk assessments. We checked six staff recruitment files and other records relating to the management of the service, including staff training and induction, the complaints log and quality monitoring checks.

We spoke with 11 people that used the service and seven of their relatives by telephone to hear their views about the care and support provided. We received feedback about the service from one other relative by email. We spoke with nine care workers about the support and training they received to do their jobs.

The last inspection of the service took place on 19 August 2015, when we found the provider was in breach

of regulations.

# Is the service safe?

## Our findings

At our inspection in August 2015, we found the service was not always safe. On two occasions care workers had missed visits, which had serious or potentially serious consequences for people. The agency's monitoring systems had failed to highlight that care workers had not arrived, which meant no action was taken to ensure that the person received the care they needed or to check the care workers' safety and welfare.

At our inspection in June 2016, we found the provider had introduced measures to address these concerns.

Immediately following our inspection, the provider had implemented daily telephone calls to care workers to ensure they knew their schedule of visits for the following day. The staff plan roster was checked each day to ensure that all visits had an allocated care worker.

More recently, the provider had implemented a new app-based system, which care workers had installed on their smart phones. The PASS system required care workers to log in and out of each visit they attended. If a care worker had not logged into a visit within 15 minutes of their scheduled arrival time, the agency's office received an email to alert them to a potential missed call. This enabled the provider to ensure all visits were covered and to monitor and support lone-working care staff.

We saw that the care co-ordinator monitored call completion throughout the working day. The provider told us there had been no missed calls since our last inspection. People who used the service and their relatives told us their care workers were reliable and had never missed a visit. They said their care workers almost always arrived on time and that they were kept informed if their care workers were running late. Care workers told us the provider made sure they had sufficient travelling time between their visits and that they did not have to rush people's care or cut short their visits. They said they informed the agency's office if they were delayed on their way to a visit and that the message was passed on to the person receiving care.

People told us they felt safe when staff provided their care. They said care workers knew how to follow any guidelines regarding their care. One person told us, "I feel safe in their hands. They are always very careful." People and their relatives told us that care workers maintained the security of their homes when they entered and left the premises. They said the arrangements for ensuring security had been discussed with them by the provider. Care workers told us they were given information about how to maintain the security of each property they visited and to ensure people were safe when they left.

The provider carried out appropriate checks to help ensure they employed only suitable staff. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend an interview. The provider interviewed care workers applying for work from abroad via Skype. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Where care workers had been employed from abroad, the provider had obtained



a criminal record check from their country of origin.

People were safe because care workers had received training in safeguarding and knew how to recognise the signs of abuse. Safeguarding training was delivered in the induction for new staff and regular refresher training provided thereafter. Care workers told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Care workers told us they always had access to management support as the provider, the manager and the care co-ordinator provided out-of-hours cover on a rota basis.

Staff had carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Any incidents and accidents were recorded, along with the action taken to minimise the likelihood of a recurrence.

Some people's care involved support with medicines administration. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. People told us their care workers supported them to take their medicines safely. People whose care involved the administration of medicines had a medicines administration record. The manager said the introduction of the PASS system meant that people's medicines administration records could now be checked in real time. If people's care involved support with medicines, care workers were required to record on the PASS system that they had given this support. The manager told us that if a care worker completed a visit without confirming they had provided support with medicines, the manager or care co-ordinator would contact the care worker to follow this up.

## Is the service effective?

### Our findings

People received their care from regular care workers, which they told us was important to them. People said they were always told which care worker was visiting them and that they knew their care workers well. One person said, "I get sent a schedule at the start of the week so I know who is coming. It's always someone I know. I wouldn't want a stranger turning up." Another person told us, "I have regular carers. I know them very well." A third person said, "I have regular carers now, which is very nice."

Relatives told us their family members received consistent care and support from staff who knew their needs well. They said care workers were competent and well trained. One relative said, "My mum has regular carers. We're very happy with them. They are well trained, their standards and behaviour are good." Another relative told us, "Their people are very well trained, they are all very nice." A third relative said, "They're all very competent. If it's a new carer, they come with an experienced one who shows them the ropes and introduces them."

All care workers attended an induction when they started work, which included training in moving and handling, duty of care, communication, nutrition and hydration, dementia, safeguarding and the safe handling of medicines. Care workers told us the induction process had equipped them to provide safe and effective care. One care worker said of the induction process, "It was very interesting and very useful. We did all the training and learned how to use any equipment people need, like hoists."

Care workers confirmed that they were always given enough information about people's needs before they provided their care. They said the induction process included shadowing colleagues to understand how people preferred their care to be provided. The provider said they aimed to 'match' care workers with the people they supported by gaining an understanding of people's background, interests, and hobbies at their initial assessment. The provider said this information was used to help the agency identify a care worker with similar interests.

Care workers told us they had access to the training they needed to do their jobs. They said the provider provided regular refresher training to ensure they were up to date with their knowledge. One care worker told us, "We come in to the office for regular update training." Another care worker said, "We get updates all the time; moving and handling, medication, first aid, safeguarding." Care workers said the manager discussed the training with them to ensure their understanding of the material and to enable them to ask questions. The provider had a hoist, bed, wheelchair and walking frame on site to enable face-to-face training for care workers in the use of any equipment they used in providing people's care.

The manager had introduced one-to-one supervision for care workers, which provided opportunities to discuss their performance and any training or development needs they had. The provider had also introduced the Care Certificate for staff, a recognised set of standards that care workers should demonstrate in their daily care practice. The manager told us all care workers who did not have this qualification when they joined the agency would be expected to achieve it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were protected because their care was provided in accordance with the MCA. Care workers told us the manager had delivered training in the principles of the MCA and explained the importance of gaining people's consent to their care. Where people were able to give consent to their care, this had been recorded in their care plans. Where people did not have the capacity to consent to their care plan, this had been discussed with their legal representatives or next of kin.

The agency worked co-operatively with people's families to ensure they received the care and treatment they needed. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

Care workers told us they raised their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. One care worker told us, "If I find someone's not well, I always let the office know and they contact the family. I'd never leave them without contacting the office." Relatives confirmed that the provider contacted them if they had any concerns about people's health or welfare. They said care workers had been quick to spot any deterioration in people's health because they knew them well. One relative told us, "They have picked up on things I haven't noticed."

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were polite, courteous and treated them and their property with respect. People said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "I'm very happy with them, they provide a very good service. They are very respectful of my home. It was raining when they came yesterday and the first thing they did was put covers on their shoes." Another person said, "They are always very polite. They are very nice indeed." A third person told us, "The biggest benefit I get from it is when they've finished the work and we sit down and have a cup of tea and a chat. I get on very well with them."

Relatives told us their family members received their care from kind and caring staff. They said care workers knew their family members' preferences about their care and genuinely cared about them. One relative told us, "I can't fault them, they are all lovely. They are marvellous with him. They make such a fuss of him. I don't know what we'd do without them." Another relative said, "Her regular carers are fantastic, I'm really happy with them. They are very fond of her."

The provider told us they aimed to employ only staff who were able to demonstrate high standards of care and compassion. The provider said these qualities were explored at interview to identify people who demonstrated these attributes. Relatives told us care workers treated their family members with respect, dignity and compassion. They said care workers had encouraged and supported their family members to live their lives as they chose.

Relatives told us care workers supported their family members to be as independent as possible. One relative said, "Mum's happy. She likes to do things for herself and they support her to do that. She likes to decide what she's wearing that day and they take the time to help her." Another relative told us, "They treat him and his property with total respect." Care workers told us the provider had instilled in them the importance of supporting people to maintain their independence.

The provider had produced a corporate statement on how people's confidential and private information would be managed and who may have access to it. The induction attended by all care workers included sessions about maintaining people's privacy and dignity, data protection and confidentiality. People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

## Is the service responsive?

### Our findings

People's needs had been assessed before they began to use the service to ensure the agency could provide the care they needed. Following the initial assessment, the care supervisor developed an individual care plan for each person. People and their relatives told us they were encouraged to be involved in developing their care plans. The care plans we checked were person-centred and individualised. They provided detailed guidance for staff about people's needs to enable them to provide care and support in the way the person preferred.

People told us their care workers always followed their care plans and were willing to do other tasks if needed. One person said, "I have a care plan which tells them what they need to do but it's very flexible. Once a week they take me to do my shopping, sometimes I ask them if we can pop in and see my son on the way and they're happy to do that. Yesterday I asked them to take me to the polling station. They're happy to do anything I ask of them." Another person told us, "If I ask them to do anything extra, they are always happy to do it. They go beyond the call." A third person said, "They've never refused to do anything I've asked of them."

Relatives told us they were confident that care workers knew their family members' preferences about their care and provided support in a way that met their needs. One relative said, "I pop in regularly and the house is always clean. They prepare meals that he likes. He's quite fussy about food but the things he likes are all written in his care plan. I've never had any concerns about how they look after him." Another relative told us, "They run all aspects of his life and we have every confidence in their ability to do that. They organise his doctor's appointments and go with him. They are very open. I check the care notes each time I visit. They keep very detailed records."

Relatives said the provider had always responded to any requests they made for changes to their family members' care. They told us the provider always tried to meet requests for urgent or additional visits. One relative said, "We've always been able to contact the office and they've always responded if we've requested changes. There was one care worker Dad didn't particularly get on with and they changed them." Another relative told us, "If I think a care worker is not up to snuff I'm straight on to the office. They acted straightaway when she didn't get on with one of the carers." A third relative said, "If we've ever needed someone urgently, they have always done their best to get someone here as quickly as possible."

Care workers told us the provider made sure they had time to provide people's care if their needs changed. They said that if they noticed a change in a person's needs, they reported this to the care co-ordinator or the manager, who would adjust the visit time accordingly. One care worker told us, "If we need longer [due to a change in a person's needs], we let the office know and they arrange a longer visit."

Care workers told us the introduction of the PASS system had improved the information they received about people's care. They said any updates to people's care plans were available to them immediately via the app installed on their smart phones. One care worker told us, "The PASS system is good, it makes sure the

information is up to date. I can have a good look at the care plan before I go to each customer." Another care worker said, "It is easier with the PASS system. The care plan is always up to date."

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. People and their relatives told us the provider had made them aware of the agency's complaints procedure. One relative told us they had made a complaint and said they had been satisfied with the provider's response. We checked the agency's complaints log and found that all complaints were recorded, along with the action taken to investigate and resolve the complaint.

## Is the service well-led?

### Our findings

At our inspection in August 2015, we found the agency's monitoring systems were not always effective in identifying shortfalls. They had failed to identify when calls were missed, which meant that no remedial action was taken to ensure that people were safe and receiving the care they needed.

The agency had vacancies for care co-ordinators at the time of our last inspection. The principal role of care co-ordinators was to plan the rota to ensure that people receive their visits on time and that care workers knew the schedule of visits they needed to make. The registered provider told us that they were actively recruiting to these vacancies to ensure that the service was managed effectively. Until these vacancies were filled, the registered manager was calling care workers each day to ensure that they were aware of their schedule of visits.

At our inspection in June 2016, we found the provider had introduced measures to address these concerns.

A care co-ordinator and a field supervisor had been appointed, which had improved the planning and monitoring of the visit rota. The implementation of the PASS system had improved the ability of the care co-ordinator to monitor visit times and that all aspects of care and support had been provided. A new manager had been appointed since the last inspection, who had begun the process of registration with the CQC.

This meant the management team comprised the provider, the manager, the care co-ordinator and the field supervisor. There was evidence that the management team communicated regularly to ensure all aspects of the service functioned effectively. The management team met each week to discuss current care packages and check there was sufficient capacity to deliver the planned rota. The management team had developed a quality improvement plan for the service. The plan outlined the ways in which the provider aimed to improve people's experience of care, for example the retention of care workers to ensure the agency was best placed to provide continuity of care. The plan included regular checks that staff training and documentation related to people's care were up to date.

Care workers told us the management support they received had improved. They said the management team was approachable and supportive and that they could always contact the office if they needed to. One care worker told us, "The support is very good. We have an out-of-hours service and they always answer if you call them." Another care worker said, "If I have a problem, I can call them anytime and they will help me. I know there is always someone there to help."

The manager had introduced regular team meetings for care workers, which aimed to improve communication and promote good practice. The notes of team meetings demonstrated that the manager encouraged care workers to raise any areas in which they needed advice or support, for example one person's moving and handling needs. Team meeting notes also showed that the manager had talked to staff about developing a team culture. All staff had attended an event at which they had drawn up a statement of team values, which they should demonstrate in their working lives. These values included being courteous, professional respectful and honest and to work as a team. The provider had developed a structured career

pathway for care staff, which outlined the qualifications and experience needed to achieve progression. The provider explained the career pathway was designed to value and reward staff and to develop an experienced, skilled workforce capable of providing consistently high quality care.

People who used the service and their relatives had opportunities to give their views about the service and these were listened to. One person told us, "We get a visit from the manager to find out how things are going and anything that can be improved. They've always taken our views on board." Another person said, "The office 'phones up to check I'm happy and we had a questionnaire recently. We get one every year." We checked the most recently received surveys and found they provided positive feedback about the service, including that care workers arrived on time, completed all care tasks at each visit and were polite and respectful. Care workers had also received surveys from the provider as part of the quality monitoring process. The surveys returned by care workers stated that they felt well supported, had access to the training they needed and sufficient information about people's needs. Some care workers said they did not always have not enough travel time between their visits. The manager told us that, following this feedback, they had reviewed the rota and adjusted call times to resolve the issue.

People told us they could contact a member of the management team when they needed to and their feedback was always acted upon. One person said, "The manager is very approachable and has always responded quickly to any queries. The other office staff are jolly helpful, too." A relative told us, "We have a good relationship with the office. I always get an answer if I have a query. They are always very helpful."

Care workers told us a member of the management team regularly carried out spot checks to observe their practice when caring for people. This was confirmed by the people we spoke with. Care workers said they received feedback about their performance following these checks. We found evidence that the manager had taken action to address any shortfalls in care provision. For example, the manager had met with a care worker to revisit correct moving and handling techniques following an issue identified through observation.