

Aquahigh Limited

Bluebird Care (Merton)

Inspection report

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Date of inspection visit: 16 January 2015
Date of publication: 30/03/2015

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 

Overall summary

This was an announced inspection and took place on 16 January 2015. At our previous visit on 18 June 2013, we judged that the service was meeting all the regulations that we looked at.

Bluebird Care Merton is a domiciliary care agency providing personal care and support for 60 adults living at home in the Merton area. Fifty seven people who receive a service from Bluebird Care Merton are privately funded and three are funded by the Merton Clinical Commissioning Group (CCG). After the inspection visit we spoke on the telephone with ten privately funded people

who used the service. We also spoke with two commissioners from the Merton CCG who commissioned and monitored the care provided to people who used the service.

The service had a registered manager in post. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the service they received at home. There were arrangements in place to help

Summary of findings

safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of risk. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans, including supporting them to access community-based activities.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

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 safe. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

Risks to people and staff were assessed and well managed. People's care plans provided clear information and guidance to staff.

Recruitment practice was safe and thorough. The registered manager ensured there were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

People said staff treated them well and were respectful of their privacy.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People were encouraged to give feedback about the service they received. There was an appropriate complaints policy and procedure which people and staff were familiar with.

Good



Is the service well-led?

The service was well-led. Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



Bluebird Care (Merton)

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.

The inspection of Bluebird Care Merton took place on 16 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did

this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service including notifications about safeguarding incidents that the provider had sent us.

During our inspection we went to the provider's head office and spoke to the director, the registered manager, the care coordinator, a field supervisor and two care workers. We reviewed the care records of six people who used the service, the records for five staff and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I'm very happy with the service. I have regular carers so I know who they are and yes I feel safe with them." Another person said, "I always like to know who's coming in my home. My girls wear their badges and they were introduced to me when my help started by a senior person, so I knew who I was getting then. I feel quite safe thanks."

Staff told us they had received all the training they needed to carry out their safeguarding roles and responsibilities. Staff described how they would recognise the signs of potential abuse, how they would respond to it and what they would do to report it appropriately. The staff who we spoke with listed the various types of abuse that they might encounter and knew how they could escalate any concerns that they might have. We looked at the records of the training staff had received, which indicated that staff had completed a safeguarding adults course in the past twelve months. The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed the concerns had been reported as stated and that the concerns had been followed up via local authority safeguarding conferences.

The registered manager showed us a copy of Pan London's safeguarding policy that was in the office for reference purposes – "Protecting adults at risk; London multi agency policy and procedure to safeguard adults from abuse." We saw the provider also had policies and procedures to do with staff whistle blowing, how to make a complaint, and reporting accidents and incidents. We spoke with staff who told us they had read these policies and they had signed to say they had read and understood them and they knew what actions to take if necessary. This meant there were arrangements in place to help protect people from the risk of abuse.

We saw that people had individual risk assessments and we saw risk management plans in their care files. We saw they had been developed with people and where appropriate with their relatives in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. One person's risk assessment stated that they had a diagnosis of diabetes and there was information about the types of food they should avoid eating. There was a detailed food and

nutrition plan in place that had been compiled together with the person and information provided by the GP. This was followed by staff who assisted with the preparation of meals for the person concerned. When we looked at people's care files we saw that risk management plans had been followed appropriately by staff.

The service had other risk assessments and risk management plans in place to ensure that risks were minimised for staff. Part of the initial assessment process included an environmental risk assessment that identified any potential hazards or risks that staff might face. We saw on the care files we reviewed there were action plans in place for staff to follow in order to reduce the potential hazards and risks identified.

Staff told us they received regular training to do with manual handling and for the safe use of hoists. They said that this helped them to do their work safely with people who needed this support. We saw hoist equipment had been set up in the offices that the registered manager told us was used to help the training for staff. This has all helped to keep people and staff safe.

We reviewed staff files and saw they contained evidence that recruitment checks had been carried out before staff were employed. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People we spoke with told us they sometimes had two care workers to help them with some of the support they were provided with. The registered manager told us that before the service to people was started, an initial assessment of their needs was carried out. This assessment together with the risk assessment helped to identify what level of staffing was required to carry out the tasks identified in the care plan. Where more than one member of staff was required this was identified in the care plans that we inspected. The registered manager told us that when a person's needs changed, the level of staff cover was adjusted accordingly. One person told us that when their health deteriorated they had a care review and received increased support until they had recovered and no longer needed the increased care.

Is the service safe?

Staff told us that they received training as part of their induction in order to assist people to take their medicines safely. They said they were also assessed by the registered manager in terms of their competence and knowledge about assisting people with their medicines. The staff supervisor who we spoke with told us they were responsible for the monthly monitoring of people's medicines administration records (MAR). Records we examined for people confirmed this.

Staff were fully aware that they should always report to the office any concerns they might have over medicines handling practices. We were told by the registered manager that there was a monthly audit of MARs held in people's homes. The training of staff and the monitoring checks have helped to ensure the safe administration of medicines to people in their homes.

Is the service effective?

Our findings

People said their care workers understood their needs and were skilled enough to meet these needs. Staff told us training provided by the agency was good. They said they had had good induction training and other specific training. They said they had gained enough knowledge and experience to be able to manage situations that arose whilst carrying out their jobs. One member of staff told us they were undertaking additional training so that they could improve their knowledge of the needs of people and had completed a course on understanding dementia. We looked at staff training records which confirmed that staff had received all the training assessed by the provider as being essential. This has helped them deliver care and support to people more effectively.

We saw records that demonstrated the registered manager had relevant qualifications to equip them with the skills and knowledge to make sure people's needs were met appropriately. The registered manager told us that staff were supported to keep up to date with best practice both by in house training and by external training such as that offered by the local authority.

Staff said that they were provided with a range of supervision that included one to one supervision and spot checks. They said they found this supported them to do their jobs effectively. We saw up to date supervision records for staff that evidenced they had regular supervision every six to eight weeks. The records we saw also showed that the service had plans for developing staff in terms of training and further qualifications, which were discussed during supervision meetings and followed up. Staff told us the registered manager was always available to provide informal support to help them provide effective care to people. The registered manager told us they had quarterly team meetings and that they discussed aspects of good practice to ensure care was being delivered to a consistent standard. We saw the minutes of these meetings over the last year that evidenced this.

Training records we inspected indicated staff had received training to do with the Mental Capacity Act 2005. Staff who we spoke with told us about the process to be followed if

they believed that people were not able to consent. Staff understood that they needed to explain the care and support they were going to provide so people could agree to it. Where people could not make decisions and where appropriate, their relatives were involved in making decisions about people's care and support. All of the people who received care and support from Bluebird Care Merton at the time of this inspection were privately funded or funded through direct payments and were able to make their own decisions about their care.

All had chosen to use the agency or had done so together with their families or relatives. Bluebird Care had appropriate contracts in place with each person whose files we inspected. The registered manager told us that if they had any concerns regarding the person's ability to make decisions they would work with the local authority to ensure appropriate capacity assessments were undertaken. This helped to ensure that people were safeguarded as required.

People told us that some of the care and support provided to them by staff involved the preparation of food and the provision of support at mealtimes. Care plans we inspected detailed where this support was needed and how it was to be provided. In some cases staff were required to reheat meals that had already been prepared and then to ensure that they were accessible to people. Where staff prepared meals for people, people told us that they were asked what they would like to eat and then their choices were prepared for them. Staff told us they helped some people to eat their meals as and when it was necessary and as detailed in people's care plans. Staff also told us that before they left their visit they ensured people were comfortable and had access to food as well as drinks.

People said their health care appointments and health care needs were arranged by themselves or their relatives but that staff helped them to attend the appointments as necessary. Staff also told us they supported people to attend healthcare appointments and liaised with other healthcare professionals where it was part of the person's care plan and we saw evidence of this on the care plans we inspected

Is the service caring?

Our findings

People were treated with kindness and compassion in the care they from staff and they said that their care was good. One person said, "I couldn't manage without them, my carers are very kind, they do help me with what needs to be done and anything else if I ask them." Another person said, "Oh they are marvellous, I wouldn't be able to live at home without their support. They certainly are caring."

People told us that at the start of their service they had a meeting with a senior person from the agency who discussed the help and support they needed and how they would like the agency to help them. One person said, "Yes a senior person came round to see me and we went through what help I wanted and how I would like the carers to help me. I've got a folder with it written down."

Staff told us they knew what help people needed from reading the care plans and from talking to people. Staff said they take the time to speak with people to ask how they would like their care and support to be provided in a way that suits them best and to make decisions about it. One member of staff said, "When we start with someone new we read their care plans and that tells us what needs to be done, but I always check with people as well." Another member of staff said, "I always ask them how they would like me to call them, whether it's by their first name or Mr or Mrs. I try and respect them the same way I'd like to be treated. I also ask them how they would like me to help support them so that I can respect their privacy, for instance when providing personal care."

The provider arranged for staff to receive training on how to promote and maintain people's dignity and privacy. This helped people to feel they mattered and were understood.

Care plans that we saw were personalised and provided detailed person centred guidance for staff about how their individual needs and preferences should be met. Care plans included information about people wishes and preferences, for example their food and drink preferences and the way they wanted their care to be given. There was also some information about their personal life histories that helped staff understand people's backgrounds. This included information to do with people's disabilities, race, sexual orientation and gender and all this helped staff to support people in a caring way. Staff told us they found this information helpful in getting to know the people they supported better, especially at the start of care being delivered. The registered manager told us that wherever possible they try to maintain continuity and consistency of care and support. They said they do this by giving staff the same people every week and this also helps staff understand the particular needs of people and to build on the information gathered at the start of the service.

Staff respected people's privacy and dignity. One person said, "My carers always ask me if there is anything else I need doing if they have time. They ask me how I would like things to be done and they don't just barge into a room I'm in without knocking first. They are polite to me." Another person said, "They seem to understand me well, I have had two carers daily now for some time so they should know what I want help with. They always ask me anyway how I would like things to be done for me."

Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A person we spoke with told us, "They encourage me to do things for myself."

Is the service responsive?

Our findings

People told us that their care and support needs had been assessed and that they had been asked what help they needed and how they would like their care to be provided for them. One person said, “When we first asked for help from Bluebird Care they came to see us and asked us what help and support we wanted and how we would like their carers to work with us. Once that had been agreed we received a care plan and that’s what gets done now unless things change and then they come and do a review.” Some people told us that their relatives had been with them when their needs were assessed by the agency.

People told us that they were involved in their care reviews. One person said, “They come and review my care with me every year but also when my health got worse a few months ago they came again then and together we agreed some extra support for me.” Another person said, “I get my care reviewed every now and then and also if my needs change.” The registered manager told us that people’s care plans were reviewed annually or sooner if people’s needs changed and we saw the evidence of this on the files we inspected. Care plan reviews had been signed by people, showing they agreed with what was written down.

Where people had asked the agency to support them to go out of their homes, for example to go shopping or to go for a walk or to go to the library, we saw that care plans included this. Staff told us that they supported people to access the community to help to minimise the risk of them becoming socially isolated.

The registered manager told us that care plans were reviewed annually or earlier if people’s needs changed. They said staff would report back to the office if someone’s needs changed. A review would take place to re-arrange

care provision and this would be done with the person concerned so that their views and wishes were taken into account. People told us they had their care reviewed and that they were central to the process. We saw evidence of this in the care files we inspected.

People told us they knew how to raise concerns by speaking to staff or to the registered manager and they said they felt comfortable doing so. People who we spoke with said, “They listen and respond to anything I might raise with them as a concern.” We were told by people that they were given a copy of the complaints procedure in their welcome packs.

We were shown the complaints policy and procedure by the registered manager who told us that the information was given to people when they started receiving care. The registered manager said people were encouraged to raise any concerns or complaints that they might have. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. The registered manager told us that in the past some people had complained about late calls being made by staff. In response a new call system was introduced that has now enabled staff to contact the office via mobile telephones and in turn people can be advised if their care is likely to be late. We saw that complaints were used as part of the ongoing learning by the service so that improvements such as this could be made to the care and support people received. People we spoke with told us that the timeliness of care and support calls had improved.

Staff we spoke with were aware of the complaints policy. This had been discussed with them at a team meeting so that staff were equipped to support people to make complaints, respond appropriately and give people the information they required.

Is the service well-led?

Our findings

People told us they thought the service was “good” and “was well lead and responsive” to them when needed and made them feel well cared for. One person said, “They do care about how the service is run and they ask us for our opinions.”

At our inspection of this service we found there was a positive management ethos that included an open and positive culture with approachable staff and a clear sense of direction for the service. Staff agreed that this was a fair reflection. They said the service was forward looking and the registered manager considered how the staff team could provide people with better standards of care and support. Staff told us they had been given training opportunities to help them widen their knowledge and skills base. Staff said they were encouraged to learn and develop professionally, which they said was motivating and helped them to take pride in their work.

The registered manager told us that people’s views were sought formally about aspects of the running of the service via quality assurance feedback forms. We were shown the returns from the last survey carried out in 2014 which were positive. We saw that the feedback had been analysed and an action plan drawn up that was being worked on by the registered manager. The registered manager had a clear vision for improvement based on feedback provided by the surveys and that people felt the service was continually progressing towards providing a better standard of care.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The field

supervisor told us they carried out a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. One person who used the service told us, “Someone pops in to see us, just to make sure we are alright.” Staff told us senior staff often came to observe them at people’s homes to ensure they provided care in line with people’s needs and to an appropriate standard. A staff member told us, “We have spot checks done by senior staff to see how we are doing. We don’t know when they’ll be there; it keeps us on our toes.” Another person said, “The standard of care is very good, senior staff come and ask us whether we are happy with it or not.”

The registered manager told us if any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings so the concerns were addressed.

Meetings were held with staff about the general running of the service and issues to do with best practice discussed so that improvements could be made where necessary. We saw minutes of three meetings that had been held since the last inspection. The agenda for these meetings included time keeping and there was discussion about the new reporting mechanisms that had been put in place specifically to improve time keeping for visits to people. We saw that there had been an improvement in the contacts made with people to keep them informed where delays occurred.