

Mortimer & Co Limited

Mortimer & Co Limited t/a Bluebird Care (Ealing)

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

This inspection took place on 16 and 17 March 2016 and was announced. We gave the provider 48 hours' notice because the location provides a home care service and we wanted to make sure someone would be available to speak with us.

The agency was registered with Care Quality Commission (CQC) since 17 December 2010. The last inspection took place on 29 January 2013 and the provider was compliant with the regulations we checked.

Mortimer & Co Limited t/a Bluebird Care (Ealing) is a care agency that provides personal care and support to people living with dementia, learning disabilities and are on the autistic spectrum disorder, as well as older people, people with an eating disorders, physical disabilities or sensory impairments.

On the day of our inspection, the agency provided support for 64 people out of which 37 were receiving personal care.

There was a registered manager in post, who had been managing the service since 3 November 2015. A registered manager is a person who has registered with the CQC 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.

The registered manager was supported by a director who was the owner of the company and an operations manager as well as a care coordinator and a support supervisor. At the time of our visit, the agency employed 40 care workers.

The agency had effective safeguarding procedures and people using the service were protected from harm and abuse. The agency assessed risks to people's health and safety. Care workers had access to risk management plans that gave them guidance on how to mitigate/manage these risks.

The agency managed people's medicines in a safe way and ensured any changes to people's medicine were promptly noted and addressed. The registered manager regularly audited medicine administration by care workers.

The agency had a rota system to ensure all care workers knew who they were assigned to visit that week and that all care worker's planned absences were covered. People said they received regular support from the same care workers and the agency informed them if a different care worker was to attend instead.

The service had robust recruitment procedures to ensure only suitable care workers were appointed to work with people who used the service.

Care workers had sufficient skills and knowledge to provide effective support for people they cared for. Newly appointed workers received induction training before they started working unsupervised. All care workers were required to repeat training that the agency considered mandatory on a yearly basis.

Care workers received effective support in the form of regular one to one meetings, yearly appraisals, observations of their work and by attending team meetings.

The agency work within the principles of the Mental Capacity Act (MCA) 2005. Where people did not have mental capacity to make decisions, the agency encouraged them to express their wishes about their care and enquired if those who were making decisions on their behalf had the legal right to do so.

People received personalised care that was responsive to their needs. The agency carried out initial assessments of people's care needs, health and wellbeing and personal likes and dislikes. The agency then used this information to, together with people and their relatives, formulate individual support plans for people who used the service.

People told us that care workers treated them with dignity and respect while providing personal care.

The agency had a complaints procedure and people and their relatives knew how to raise any concerns about the care they received. The agency dealt with complaints promptly and to the satisfaction of people and their relatives.

People using the service and their relatives described the service as well organised and efficient and the management team as approachable and caring.

The agency introduced a care worker of the month award. Therefore, care workers knew that the management team appreciated and noticed their hard work.

The agency had robust quality assurance and audit systems to ensure effective reporting, monitoring, analysis and review of all aspects of the service provision.

The agency had a folder of policies and procedures that were regularly updated and care workers had access to this.

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 received safeguarding training and people were protected from harm and abuse.

Individual risk assessments were in place and were up to date.

People received their medicines as prescribed and the agency conducted regular medicine audits to ensure care workers administered medicines as prescribed.

The service had robust recruitment procedures in place to ensure only suitable care workers were appointed to work with people who used the service.

There were sufficient care workers deployed to ensure all scheduled visits took place as agreed.

Is the service effective?

Good ●

The service was effective.

The agency followed the principles of the Mental Capacity Act (MCA) 2005 and ensured decisions about people's care were made in their best interest.

Care workers received an appropriate induction and training and were able to meet people's needs.

Care workers received regular supervision and were a subject to regular observations in the field to ensure best possible support for people they cared for.

The agency supported people to maintain good health and have access to healthcare services if needed.

The agency supported people to eat and drink sufficient amounts of the right food to meet their dietary and nutrition needs and preferences.

Is the service caring?

Good ●

The service was caring.

People said the care workers treated them with compassion and respect.

The agency invited people to share their views about the service they received through introducing a variety of surveys and review visits by a member of the management team.

Care workers respected people's privacy and dignity when delivering personal care.

Is the service responsive?

Good ●

The service was responsive.

Support plans and care records were person-centred and reflective of people's care needs and individual preferences.

Care workers were aware of support plans for the people they worked with and used recorded information to offer personalised and agreed care package.

People who used the service and their relatives felt involved in the planning of the person's care and they said the agency and care workers responded to their needs promptly.

The agency had a complaints procedure and dealt with complaints in a professional and timely manner.

Is the service well-led?

Good ●

The service was well led.

People who used the service and their relatives described the service as well organised and efficient and the management team as approachable and caring.

There was an open and transparent culture and communication with care workers and the registered manager encouraged care workers to discuss any aspects of their work.

Care workers felt supported by the registered manager as they felt they could approach them to discuss any difficulties they might have with fulfilling their role as a care worker.

The agency carried out six monthly service satisfaction surveys and customer questionnaires asking people and their families about the feedback on the quality of the service they received.

There were effective quality monitoring systems in place for

quality assurance and to ensure ongoing improvements occurred.

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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 took place on 16 and 17 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

The agency had been registered with CQC since 17 December 2010. The last inspection took place on 29 January 2013 and the provider was compliant with the regulations we checked.

The inspection team consisted of two inspectors. One of them was a bank inspector.

Before the inspection, we gathered information about the agency from variety notifications we received about the service.

During the inspection, we met the registered manager who had been managing the service since November 2015. We spoke with five care workers and we carried out telephone interviews with six people using the service and eight family members.

We looked at the care records for five people who used the service, the recruitment and support records for five care workers, the provider's record of complaints and compliments, and the provider's records of audits and quality monitoring. These included six monthly survey outcomes and records of observations in the community that aimed to assess day-to-day care delivered by care workers.

Is the service safe?

Our findings

People using the service and their relatives told us they were comfortable with the carers sent by the agency and they never felt unsafe. One person said, "'They are really nice and friendly' and '(You) can't fault them'".

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The agency protected people from harm and abuse. All care workers received safeguarding training. Care workers were able to describe potential signs of abuse and were aware of the agency's safeguarding policies and procedures.

The registered manager had a central safeguarding register that contained details of safeguarding concerns and actions that the agency took in order to address and monitor these concerns. We saw records of the agency communicating with external professionals and family members, updating them on how the agency dealt with safeguarding concerns.

The agency assessed risks to people's health, safety and welfare and management plans were in place. People's care records showed that the assessor had gathered information on how people's circumstances and care needs might put them at potential risk of injury and harm. This information was then used to develop people's risk assessments and risk management plans, which instructed care workers how to minimise these risks. One person's care plan stated they were wheelchair bound and care workers supported them when transferring from the wheelchair to a bath lift. The care plan was accompanied by a moving and handling risk assessment that instructed care workers how to transfer the person safely. We also saw an equipment risk assessment and management plan guiding care workers what to do in case the lift or the wheelchair broke. A second person's care plan identified that the person needed support with food preparation. We saw evidence of a relevant risk assessment instructing care workers about possible risk of contamination and listed control measures introduced to avoid this risk. Care workers told us they were aware of different risks related to supporting people they worked with as they were recorded in people's care plans that they read regularly.

The service had robust recruitment procedures to ensure only suitable care workers were appointed to work with people who used the service. We looked in personnel files and saw that all required recruitment paperwork was in place. This paperwork included an application form, the right to work in the UK and professional and character references that were requested by the agency. All care workers had up-to-date Disclosure and Barring Service (DBS) checks. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

People using the service told us the care workers had time to talk with them and listened to what they wanted. They said they had the amount of care they required. One person stated, "They (the agency) manage this very well – cover for holidays or sickness. They always let you know if there is a change". A second person said, "They do plan ahead." The agency had a rota system to ensure all care workers knew who they were assigned to visit that week and that all care workers planned absences were covered. The

agency issued rotas on a weekly basis. Additionally, the operations manager emailed new rotas to people using their service and their families. By doing this, the agency ensured that people and their relatives knew which carer would visit them. The agency also had implemented an additional on-call system in case of sudden care worker's absence. We saw an on-call rota displayed on an information board in the office.

The agency managed people's medicines in a safe way. People using the service and their relatives said, "The carers are very helpful with this." Each person had a medicine care plan listing what medication they were prescribed and how to use it. For example, one person was using a specific cream, their care plan record explained how to apply it, what the dosage was and how the person would like to be supported with it. The care plans also explained who was responsible for ordering, delivering and disposing of unused medicines.

We looked at people's care files and we saw that medicine administration records (MAR) were completed according to the agency's procedure. The registered manager informed us that the agency collected completed MAR charts on a monthly basis in order to audit them and take appropriate actions if needed. We saw records of such audits in people's care files. We also observed that scheduled collection of people's care records and MAR charts was recorded on the information board in the office. Care workers we spoke with were aware of the agency's medicine policy and were able to describe the medicine administration and recording procedure.

Is the service effective?

Our findings

Care workers had sufficient skills and knowledge to effectively support people they cared for. People and their relatives told us they were satisfied with the care they were receiving from the agency. One relative told us, "They (care workers) are so good with my relative – so much so if my relative says the don't want to get up I just leave them until the carer (care worker) comes because she can have him up and about without him knowing – she is so gentle and easy with him". A second person said, "They are fine – they do what I have asked for and it's all written down in the book (support plan)."

The registered manager told us, and care workers confirmed, they received an induction prior to starting their role as a care worker. The induction consisted of a classroom-based training and included moving and handling, medicine and safeguarding training. The agency also enrolled all new staff on e-learning training that they were required to complete within the first month of starting their employment. The agency required that newly appointed care workers completed shadowing of their more experienced colleagues and undertook twelve weeks of a probation period in which they were observed weekly and supported by the agency's support supervisor. If successful, the registered manager would approve them as fully qualified Bluebird care workers, which would allow them to support people who used the service unsupervised. In order to continue professional development, the agency enrolled all care workers, who successfully completed their probation period, on a National Vocational Qualifications level 2 (NVQ 2) in Health and Social Care or level 3 (NVQ3) if they had already attained level 2. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. We looked in care workers' personnel files and we saw evidence of completed induction training and shadowing as well as certificates of attained NVQ qualifications

All care workers were required to repeat all mandatory training on a yearly basis. Their personnel files consisted of an individual training matrix with clear information on which training they were due to refresh. Care workers confirmed that they received refresher training within the past twelve months. This included, dementia, Mental Capacity Act 2005 (MCA), end of life care and customer care training.

Care workers said they received effective support in the form of regular one to one meetings, yearly appraisals, regular observations of their work by their supervisors and by attending team meetings. We looked at care workers' files and we saw evidence of supervision taking place. The topics discussed in supervisions included, how to work with people in a more effective way, any training needs, changes to the agency's policies and procedures and how care workers could be supported better by their managers.

We saw evidence of yearly appraisals for all care workers who the agency employed for over one year. Records showed that in these meetings care workers had an opportunity to discuss their strengths and development needs as well as what their professional achievements were and if there were any gaps in their knowledge that they would like to address.

The agency representatives discussed people's mental capacity and their ability to make decisions during their initial assessments and the outcomes were recorded in people's care plans. We checked whether the

agency was working within the principles of the MCA. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care records showed that the agency worked within the principles of the MCA. Where people did not have mental capacity to make decisions, the agency enquired if their family members who were making decisions on their behalf had a Lasting Power of Attorney in health and care matters (LPA) giving them the legal right to do so.

Each individual using the service had a care plan relating to what decisions they could make and how they would like the agency to support them with it. One person's care plan, who did not have full capacity to make own decisions, stated that they would like to be prompted by staff when having memory lapses and reduced self-awareness however they did not need any support in relation to their physical orientation or financial matters.

People were supported to have their dietary and nutrition needs met. Each person using the service had a nutrition and hydration support plan. Each plan consisted of information on people's allergies, what type of food and drink they liked and if they had any specific food preferences. One person's care plan stated that they liked a variety of sandwiches and strong tea. The instruction for a care worker was to always ask what type of sandwich the person would like on the day. A second person's care plans stated that they should be encouraged to drink plenty of fluids and have a healthy diet consisting of variety of fruit and vegetables. We looked at the daily care reports for both individuals and we saw that care workers followed the guidance and recommendations recorded in people's support plans.

Care workers were aware of specific culinary and dietary requirements of people they supported and were willing to "go the extra mile" to meet their needs. One care worker told us they were preparing meals for a person who had specific cultural dietary needs. The care worker was not familiar with how to prepare this type of food, however, they took lessons from a family member and gradually were able cook the food themselves. A second care worker was supporting a person who had diabetes, however, due to their mental health condition they were at risk of requesting sugary food that could be risky to their physical health. A care worker said that in such situations, they patiently explained to the person possible risks and offered them different, healthy food choices to meet their needs.

The agency supported people to maintain good health and have access to healthcare services if needed. People told us the care workers would contact the agency or a health professional if they were worried about a person and felt they needed medical help. One person stated, "Yes – care workers are told to report any concerns back to the office and they do this." A registered manager provided us with a copy of a record where a care worker had raised such concern. The record indicated that the agency informed a medical professional about their concern and that they asked for additional support for the person using the service. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

All people using the service and family members we spoke with told us they were happy with the agency and they described it as kind and respectful. One person said, "They always speak to my relative with respect and they are very kind." A second person said, "My (relative) is looked after very well. They (care workers) are really caring."

Care workers and the management team spoke with care and respect about the people who used the service. We observed a variety of conversations between the team members in the office in which they applauded progress of individuals the agency cared for. The management team knew the names and the preferences of people they provided a care package to. We witnessed the operations manager allocating a new care worker to a different person receiving the service. We observed that their final decision was based on individual preferences of both a care worker and the person and the fact that they already knew each other as the care worker had supported the person in the past.

The registered manager said the agency kept consistency of staffing by ensuring that, when possible, the same care worker worked on a one-to-one basis with each individual who used the service. By doing this the agency had supported people in building a relationship of trust and friendship between them and their care workers. One person told us, "I have two regular carers. They (the agency) let me know if there needs to be someone else and mostly send a new one with someone who knows me. Very rarely do I get two who both don't."

People told us that care workers treated them with dignity and respect. One person said, "Yes – they are good and respectful." One care worker said, "You need to make sure that people do not feel left out and make them feel good about themselves or that receiving personal care does not make them any less of a person". A second care worker said, "You need to treat people as you would treat yourself or your mum. You need to talk them through what you are doing and ask for their consent and give them the choice. I always close the door when providing personal care and cover a person's body parts so they are not exposed".

People using the service told us care workers did ask their permission before providing support and involved people in decisions about their care, which was in line with the initial assessment and the agreed support. One person said, "Yes it started off with full personal care but now I am better I only have a person to help with the house two mornings a week." A second person said, "It's all written down in the (support plan). Relatives we spoke with told us they felt involved in the person's care and the agency kept them informed about any changes.

People using the service were encouraged to share their views and experience of the support they received. The agency introduced a six monthly satisfaction survey in which people and their relatives were asked about their experience of the service. The outcomes of each survey were analysed by the registered manager who also formalised an action plan to address any issues and to improve the service. The registered manager provided us with a copy of the initial action plan from the survey that took place prior to our visit. We saw results of the survey displayed in the agency's office, making them easily available to see for care

workers and visitors. We also saw records of a management meeting in which the register manager instructed one of their colleagues to send letters to people and their families notifying them about the outcomes of the survey. Additionally, the support supervisor regularly visited people in their homes to ask for their views on the service. People we spoke with confirmed that the manager visited them to check on the care provided.

Is the service responsive?

Our findings

The agency discussed people's care needs and personal preferences during an initial assessment. This information was then used to develop people's care package. People using the service told us they were involved in the formulating of their support plans. They said a person from the agency visited them at home to ask about their needs and preferences. One person stated, "We drew support plans together – yes I am fully in charge of what is happening."

We looked at five individual support plans and we saw that they contained information gathered during an initial assessment and were person-centred. They were written in the first person and included an explanation of how care workers should support people to meet their needs. One person's support plan stated that they could manage the majority of their daily tasks, however, they would like support with their personal care and food preparation. A second person's care plan indicated that the person was able to communicate independently, however, they needed care workers to ensure easy access to a phone so the person could call an emergency service if needed.

All care plans we looked at consisted of detailed information on people's individual circumstances and how these affected their lives. These included their medical history and diagnosis, personal likes and dislikes and their daily routines. We also read about people's social networks, preferred activities, as well as what they would like to achieve through receiving the support from the agency. One person's support plan listed what the person liked to do in the afternoons and what places and events were important to them. A second person's support plan described how they liked to socialise and how their physical health could affect being able to do so.

Care workers we spoke with were aware of support plans for the people they worked with. One care worker told us, "Support plans are the most important thing for a care worker to know as they give information on what I need to know and what I need to do. I follow the support plan as it shows me the process and what people need and how they may feel." The agency required that care workers read and familiarise themselves with support plans for people using the service before they were introduced to them. One care worker told us, "I need to sit in the office and read support plans before I go to meet the person for the first time".

All care workers said they would regularly read support plans for people they had already been supporting to find out about any changes to people's care needs and circumstances. They said they would know about these changes from a discussion with their supervisor and from a note made in the person's daily care records. People using the service and their relatives confirmed that care workers regularly read their support plans. One person said, "they do what I have asked for and it's all written down in the book (support plans)". A second person told us, "There is a book with it all in – but they know me now."

The registered manager told us that all support plans were reviewed every six months or earlier if needed. A member of the management team would visit a person and their current support plan with them and any changes needed. The records showed that such reviews were taking place regularly. We also saw notes in people's daily care records stating that a visit took place. People using the service confirmed that the agency

reviewed their support plans regularly, that they discussed their care needs and amended support plans where required. One person told us, "They came and checked up on things and I ended up with a new contract."

People using the service and their relatives said that they felt involved in the care planning process. We looked at records of people's initial assessments and care plans and we saw that people or their relatives signed them. This evidence showed that they were involved in the planning of their care.

The agency had a complaints procedure. People using the service and their relatives were aware of it and knew how they could raise any concern or complaint they might have had about the service they received. The procedure was available in the agency's mission statement and a customer guide that the agency gave to every individual at the beginning of their care package. The registered manager showed us a central complaints register that consisted of two concerns raised by people using the service or their relatives. The records showed that the agency dealt with both concerns in a timely manner and the registered manager took immediate action in order to address the situation. One relative told us, "We had to ring up because carers were late without letting us know. They (the agency) were very good about it there was no bad feeling and they put it right." A second family member said, "My relative just couldn't get along with his care worker. There was nothing wrong with the worker but my relative just was not happy. I rang up and explained. They were very understanding and gave us another person. My relative is very happy with this one."

The agency was proactive in asking people and their relatives for feedback about the quality of care they received. A support supervisor regularly visited people in their homes to ask for their views on the service provided by the agency. We looked in people's files and we saw records of completed customer questionnaire forms. People and their relatives confirmed that such visits were taking place. One person said, "They came to the house and I showed them around. They were good at understanding what we needed. We always have the same carer except for holidays – it was one of the things I asked for."

The above evidence demonstrates that the agency listened to peoples experience about the service and was taking the initiative to improve the quality of care they offered.

Is the service well-led?

Our findings

People using the service and their relatives told us that the agency was well organised and efficient. They said the office staff were approachable. One person said, "They are thoughtful, considerate and seem to care."

We looked at records of compliments from people using the service and their families. The compliments consisted of "thank you" cards and letters in which people and their relatives expressed their appreciation towards the care they received from the agency. One card stated that the family was pleased with the care given to their relative by a particular care worker. The other card stated that the family was very happy with the Bluebird team and they especially appreciated the continuous, high standard of communication between the agency and the family.

The agency had a registered manager in post who joined Mortimer & Co Limited t/a Bluebird Care (Ealing) in September 2011 and had nearly twenty years of experience in working within Health and Social Care field. These included previous employment as a care co-coordinator and training manager for various care companies. The registered manager had also been in the process of completing their NVQ Level 5 in Health and Social Care.

Care workers told us they felt the agency was well led. All care workers we spoke with said that the agency cared for people using the service as well as their employees. One care worker said, "The office is like a family, I feel confident to speak to them (the management). I feel the company takes care of their customers and staff." A second care worker stated, "The company is planned well and (the management) tells us the customer is always right."

All care workers said there was a culture of an open communication and they felt they could speak to their supervisors about any concerns and difficulties they might have. One care workers stated, "The communication is very good, they care for wellbeing of their staff" and "Here everybody works together, the management is always in contact." A second care worker said, "They (the management) always text, call or send a newsletter about any new updates."

To ensure open and transparent communication, the management team held regular team meetings. The agency recognised that it was important that all the workforce took part in these meetings, however, due to busy schedules not all care workers could attend. In order to increase the turnout and support the staff, the agency held three meetings in one day. As a result, it was easier for care workers to fit the time of the meetings into their work schedules.

We looked at the team meeting minutes, which showed that the team used these meetings to openly discuss any areas of work that needed to improve. Amongst the topics discussed were time keeping, quality of daily care records that were completed by care workers and discussions on principles of respecting the confidentiality of people who used the service.

The agency acknowledged that it was important to recognise the value of their workforce. Therefore, the management team introduced a care worker of the month award. We saw a photo of a recent recipient of the award displayed on the board in the agency's office. This evidence showed that the agency promoted a positive, person centred and empowering culture within the organisation.

Care workers said they were clear about their roles and expectations of the service and the organisation they worked for. Additionally, the agency had a folder of policies and procedures that care workers were aware of and had access to.

People and family members we spoke with told us that a member of the management team would visit them in person to check if they were happy with the care they received and if they needed any changes to their care package. By conducting these visits, the management had an in-depth knowledge of needs and preferences of the people they supported.

The agency had robust quality assurance and audit systems to ensure they delivered continuous, high quality care. We saw evidence of completed six monthly surveys and regular customer questionnaires. The registered manager then used the findings to inform any improvement plans. The findings were also fed back to care workers in their team meetings. This evidence indicated that the agency had systems in place to ensure that identified shortfalls were addressed and actions were taken to avoid similar situations in the future. We also saw evidence of more frequent audits such as medicine audits, support plan audits which listed details of any changes to peoples care needs, training matrixes for individual care workers and records of observations in the field that aimed to assess day-to-day care delivered by care workers.

The registered manager showed us central logs for safeguarding concerns, accidents and incidents reports and any complaints made by the people using the service and their relatives. Therefore, they could evidence that the agency had systems to ensure effective reporting, monitoring, analysis and review of the safety and wellbeing of people supported.

The agency ensured that people using the service and their relatives had their say in the planning of their care and service development. The agency achieved this by regular care reviews, home visits by the support supervisor, and a yearly survey in which they asked people, their family members and care workers to give their feedback on the service offered by the agency.