KLEJ Ltd

Bluebird Care (Barnet)

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

Bluebird Care Barnet is a domiciliary care agency providing personal care and support for 143 people in the Barnet area. The service supports people in their own homes to maintain independence who have needs around a range of issues including their physical health, dementia, or learning disabilities.

At the last inspection on 28 April and 5 May 2015, the service was rated Good.

At this inspection we found the service remained Good.

Staff knew how to report safeguarding concerns and there were robust processes in place to ensure concerns were followed up. Risks were fully assessed and there were control measures identified for any areas of concern. Medicines were managed safely and staff had face to face training and competency testing on administering medicines.

Recruitment processes were thorough and showed staff had been checked they were competent and safe to work with vulnerable people before starting in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received effective support to fulfil their roles through regular supervision and training related to the needs of the people they were supporting. People said they were happy with how they were supported to eat and drink and had their food prepared. Fluid intake records and food records were maintained for people that needed them.

People said staff were kind and caring. We saw many examples of where the service had gone the extra mile in supporting people to feel valued and cared for. People and families had an input into care planning. People were offered choice in how they had their care and care staff treated people with respect and dignity.

Changes in needs were responded to promptly and care files were person centred and from the perspective of the individual they were describing care for. Care plans were detailed and gave detailed descriptions of what care staff needed to do. People's preferences were captured.
Complaints were managed in line with the provider's policy and people and relatives knew how to complain.

The service was well led and all staff we spoke with felt supported. People were placed at the centre of the service's focus and the registered managers and directors were eager to listen to feedback and make any improvements that might impact on the quality of care. Audits were robust and regular spot checks were completed during care calls.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bluebird Care (Barnet)

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 checked 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 was a comprehensive inspection that took place on 31 July and 01 August 2017 and was announced. We gave the registered managers 48 hours' notice of the inspection to ensure they would be in to assist with the inspection.

The inspection team included two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, their role in this inspection was to call people and their relatives that used the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed this and also gathered information from previous inspection reports, notifications sent in to us by the service and feedback from local authorities.

During the inspection we spoke with 12 people and three relatives of people who used the service. We looked in detail at care files for 10 people who used the service including risk assessments and care plans, and eight staff personnel files. We spoke with the two registered managers, the director, a supervisor and a care co-ordinator on the day of the inspection. After the inspection we contacted 14 care staff members for feedback on the service and received feedback from a further five office staff. We also looked at policies, safeguarding records, medicines records for 10 people, audits, complaints, and compliments.

Good

Is the service safe?

Our findings

People said, "I do feel safe with them here." A relative we spoke with said, "I am sure (relative) is safe with them." Staff had good knowledge of safeguarding people and how to report any issues if they found them. One staff member said, "If I've noticed something different in the [behaviour of the] customer" they would report it and a supervisor would go round to check on the person. Records showed concerns were reported promptly, and all staff had attended safeguarding training and this was discussed at team meetings and in supervisions.

Risk assessments were robust. Each person had risk assessments in place for risks that were specific to them such as pressure ulcers or choking. These included what might cause the risk and what staff could do to mitigate the risk and support the person to avoid it where possible. We fed back that risk assessments were comprehensive but for two we looked at, control measures weren't always specific. The risk assessments were changed and were much more detailed before the end of the inspection providing more staff guidance.

The service employed up to 130 staff members, one of the registered managers said, "We have never had to use staff from outside of this agency." This meant people received continuity of care. Staff were allocated to support people based on availability, people's preferences and location. People did feedback that care staff were sometimes late. Some people acknowledged this was to be expected but other people were not happy about it and thought the service could improve in this area. The service tracked where staff were for their personal safety and to ensure people were getting the care they needed at the right times. There were dedicated co-ordinators to ensure calls were covered, care staff stayed for the duration of the visit and lateness was monitored and records showed there were three missed calls in 2017 so far.

Medicines were administered by trained staff that had their competency checked. MAR charts were checked by registered managers and any gaps or issues that were found resulted in staff being supported and retrained around medicines. We found no gaps in MAR charts, and staff all said they felt confident supporting people with medicines. Each person had a medicines care plan that included a risk assessment for self-administration of medicines.

Infection control processes were followed. Staff personnel files showed a thorough recruitment process had been followed to ensure staff were safe to work with vulnerable people before they started working with them.

Good

Is the service effective?

Our findings

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that it was.

Most of the office staff used to be part of the care staff team giving them the ability to problem solve care issues promptly. One care staff member commented, "They always keep you up to date, the refresher is brilliant." Training for medicines and moving and handling and yearly refresher sessions were all face to face by experienced members of the senior team. People said, "They are well trained, they know what they are doing." A relative's feedback was, "They are very well trained, they all know what to do and how to do it." Training records showed staff were up to date with mandatory courses. Care staff told us the induction was thorough and they "Shadowed for at least a week" prior to working independently. Records showed staff had regular supervision as one to one, in a group or as part of an unannounced spot check on a care call.

All staff we spoke with all had good working knowledge of how to gain consent from people. We saw signed statements of consent for care for each person including details where a relative might have power of attorney over their affairs. One person said, "They always ask me what I want to do before they do anything." Care staff had an understanding of informed choices and that people could make choices even if care staff did not think they were the best thing for them.

Some people were supported with their meals, and for people who had a live-in care staff member every meal was prepared for them. Care files showed where people had an allergy or if they needed food preparing in a particular way. People said "They do my meals, it's what I ask for." A relative said "I leave all [person's] food for them to give her, it's all pureed now and sometimes I pop in when they aren't expecting it to check [person] is having the meals, and she always is."

The service sent GP's a letter to introduce themselves as the care agency and health needs were assessed as part of the initial assessment. We saw evidence of timely referrals if people became unwell. A staff member told us of a recent example where a person told a carer they were in more pain than usual. The care staff informed the office and the GP was called and more pain medicine prescribed and picked up for the person to take.

Good

Is the service caring?

Our findings

People told us, "They are very kind to me and very nice to my family members", One relative said, "They are lovely to us and so good with my [family member]." We saw many examples where the service had gone above and beyond what was expected of them to provide a caring service. We saw mugs for some people with their photographs on and how they liked their tea and coffee to be made. Individualised photo books had been ordered for people living with dementia to aid their memories and provide a talking point with carers. One care staff member had spent time with a family who trained them on how to cook a particular meal for a person to meet their cultural preferences and personal tastes. Another care staff member had been visiting a person in hospital for two months in an attempt to lift their spirits.

The attitude of the director, registered managers, office staff and care staff towards people was kind and showed a respect for people's quality of life and enjoyment. We heard several times how staff wanted people to feel that they mattered and how the families test was applied so that care staff would only provide a service they would be happy for their family to use. Another carer told us the service was, "Definitely" caring and kind. "It's a fulfilling job. It makes the carers feel that they've achieved something. I feel happy each time I come out of the house." We saw several emails, cards and letters from family members thanking the service for providing a "Compassionate excellent service."

Care staff and office staff were able to talk at length about how they respected people's dignity and privacy. This included drawing curtains and covering people up with two towels for upper and lower body during personal care, always talking people through what they would like to do and where they would like their personal care to take place. Care staff also had an understanding of confidentiality and how to keep people's personal details safe. Care plans promoted independence by stating what people could do and were detailed as to how to support people to feel enabled in their personal care.

Records showed end of life care was covered in staff induction and further training was provided for care staff members who would be supporting people approaching the end of their life. There was a policy in place for end of life care and advanced care plans for those who needed them. Care staff showed insight into how people might be feeling and that the experience was different for everyone.

Good

Is the service responsive?

Our findings

The service was person centred and focussed on promoting the individual abilities of each person it supported. Care plans were written in the first person and captured in detail the preferences of people.

Care plans and assessments were reviewed regularly with the input of people and their relatives. Part of the role of the care supervisors was to visit people at agreed intervals to see if they were happy with the care and review their needs on an ongoing basis. People knew the care supervisors and said they came regularly to check they were happy with the care. One person said, "I have a care plan and they review it regularly." A relative told us, "We had a care plan in the beginning and someone comes once a fortnight to check everything is alright, a supervisor I think." People said the office would call them if staff were going to be late and they could call in if they had any issues. Care staff said the office staff were responsive if they had any concerns about anyone and would call a GP or relative if needed.

The service had a clear complaints procedure in place and we saw complaints records reflected the procedure being followed and complaints responded to within the time specified by the provider. People said they would call the office if they needed to complain. A relative said, "We have not had a complaint since we came over from another agency a few years ago and until then I hadn't realised how bad it was, this one is just so good."

Surveys had been sent out to people to gather feedback and a letter to ask what people wanted in the newsletter. They showed people were happy with the service. We saw where a suggestion was made by a staff member to improve the dementia awareness of care staff was acted upon. Supervisors contacted people at one week, one month, three month and six monthly intervals depending on their need and length of time with the service. Care records showed adjustments to care plans and support after feedback had been changed to accurately reflect people's needs.

Good

Is the service well-led?

Our findings

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. There were two registered managers in place. There was an established support structure for running the service day to day and ensuring care was of a high standard. Each staff member had a clear role and were aware of their responsibilities.

Staff praised the management team and director. They said, "Everyone knows the director" and "They listen, give you the support you need." Staff told us that the management team were hands on if there were any staffing issues and the care supervisors often provided personal care to, "Keep in touch with people" and cover when needed. The service had an ethos of going above and beyond what it was paid to do, the director told us their vision was, "To be the best care provider in the area" and "I want to do the extra things." We saw this ethos reflected in care plans and the attitudes of staff.

There were monthly staff meetings and regular management meetings. A yearly staff survey was completed and staff said they felt listened to and had input into the running of the service. The director and registered managers showed they cared about staff and said "I want them to feel special." Care staff had been bought items if they needed them to help make their role easier, for example all care staff were provided with flasks to carry drinks around with them. The service looked after the safety of staff and had bought personal alarms for staff after recent safety concerns in the local area.

Quality systems were robust and audits to check the quality of care were completed regularly. Each care document we saw had been signed off as being read and approved by one of the registered managers. This included risk assessments, care plans and daily visit records that were regularly returned to the office. The provider had recently been in to complete a full audit of the service and the service was able to show where they had acted promptly on the feedback given.