

# Aquahigh Limited Bluebird Care (Merton)

## Inspection report

Suite 3, The Generator Business Centre,  
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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 

### Overall summary

This was an announced inspection and took place on 17 December 2015. At our previous visit in January 2015 we judged the service was meeting all the regulations we looked at.

Bluebird Care Merton provides domiciliary care and support to 78 people living in their own homes in the Merton area with a range of needs including older people, dementia, physical and mental health needs.

The service had a registered manager in post at the time of this 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 2008 and associated Regulations about how the service is run.

People told us they were happy with the care they received. This was also the view of relatives we spoke with about the care and support provided for people in their homes. There were arrangements in place to help 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 how to report potential or suspected abuse.

# Summary of findings

People had risk assessments and risk management plans to reduce the likelihood of harm. 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.

People told us staff had the knowledge and skills to carry out their work effectively. Staff received training in areas of their work identified as essential by the registered manager. 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.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. They supported people to make choices and decisions about their care.

People had a varied nutritious diet. They were supported to have a balanced diet, food they enjoyed and were enabled to eat and drink well and stay healthy.

People said they thought the staff were caring and compassionate towards them. They told us they 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.

We were told by people that staff always wore their uniforms and identity badges. They said that staff respected their privacy and treated them with respect and dignity.

People said they felt 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.

People knew how to raise any concerns or complaints they might have and they said they felt comfortable in doing so. 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 registered manager had systems in place to continually monitor the quality of the service and action plans were developed where required to address areas that needed 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 were happy with the care they received from staff.

There were safeguarding procedures in place that staff had received appropriate training for. Staff understood what abuse was and how to report it. This helped to ensure people were protected against the risk of abuse.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff to help keep people safe.

The service had effective arrangements for the management of medicines to protect people against the risks associated with medicines.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. They received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005. This meant they had a good understanding of their responsibilities with regards to the MCA 2005.

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

Staff did not support people directly with their health care although they were trained to deal with emergencies.

Good



### Is the service caring?

The service was caring. People who used the service told us they thought the staff were caring and respectful towards them. People told us they liked the way staff were introduced to them and they said it helped them develop trust in the agency more quickly.

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

Good



### Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified. They provided good guidance for staff providing care to people.

An introductory information pack was given to people at the start of their service about the agency and about how to make a complaint. People told us they were aware of how to raise any concerns or complaints they might have and they felt comfortable about raising any such issues with the registered manager.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People said they felt the service was well led. Staff agreed and they said they were properly supported by the registered manager. There was open communication within the staff team and all 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. Feedback from the 2015 survey had been analysed and an action plan implemented to address the issues that were raised.

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 17 December 2015 and was announced. We told the provider one day 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.

We reviewed the information we had about the provider prior to our visit and we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by visiting the provider's office and spoke to the registered manager, the care supervisor, three members of staff, ten people who used the service and four relatives. We reviewed the care records of five people, five staff records and we inspected records related to the management of the service.

# Is the service safe?

## Our findings

People told us they were happy with the service they received and they said they felt safe with the staff who visited them in their homes. One person told us, “I am very happy with the carers. They are fine, very polite.” Another person said, “I have had this service for a long time, they are helpful to me.” A relative said, “Dad was very happy with the service, no problems.”

Staff told us they had received safeguarding training, health and safety training and manual handling training and this had helped them ensure the safety of the people they cared for. Training records confirmed this. They were able to tell us how they would recognise any signs of abuse and how they would report any concerns they had to the registered manager. We saw the service had appropriate policies and procedures in place to respond to any concerns regarding the care being provided to people. This included reporting any concerns or safeguarding incidents to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed any concerns that had arisen were reported to the local authority. We also checked that concerns had been followed up via local authority safeguarding meetings.

From our review of people’s care files we saw individual risk assessments had been carried out for people and we saw risk management plans in their care files. People told us they were consulted and had signed both the risk assessment and the risk management plan. This all demonstrated they were developed together with the person so as to help keep them safe when care was given. People told us they were given choices about how they were cared for.

The registered manager told us that random “spot checks” were carried out on their staff working in people’s homes. They said this was to help ensure health and safety

standards were being maintained by staff. We saw records of the spot checks that had been done in the last six months that verified this was a regular monitoring standard operated by the agency.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident happened, staff said they would report it to the registered manager. A record form was completed with the details of the accident or incident, and the information added to a data base. We saw the record was held in the person’s file. Where appropriate an investigation was carried out by the registered manager and an action plan developed.

We reviewed staff files and we saw they contained evidence that appropriate recruitment checks had been carried out. 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 told us staff always completed their medicines administration records (MAR). Staff told us that they received training in order to assist people to take their medicines safely. They said people’s medicines administration records (MAR) were checked by the care supervisors to ensure the safe administration of medicines to people.

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 to ensure they had been completed as required and we saw evidence of this. The training of staff and the monitoring checks had helped to ensure the safe administration of medicines to people in their homes.

# Is the service effective?

## Our findings

People told us they were cared for by staff who knew how to support them effectively and did so well. One person said, “I have no complaints about the care and support I get, my regular carers are fantastic.” Another person said, “They do exactly what I need them to do.” A relative told us their parent had been very happy with the service they had received.

Staff told us they felt well supported by the registered manager and the office staff. They said they thought training was good and it helped them to carry out their roles more effectively. One member of staff said, “The training provided here is good. I especially like the classroom based training that the manager provides for us themselves. So much better than the e-learning training that I have had working in other agencies.” Another member of staff said, “Our annual refresher training is good and so is the induction training we get when we start the job.”

The registered manager told us they had identified a range of mandatory training courses and these were completed by new staff as part of their induction. We saw documented evidence that staff completed annual refresher training courses including safeguarding adults; the Mental Capacity Act 2005; the safe administration of medicines; health and safety; infection control; fire safety and food hygiene courses. Staff also completed additional training if it was identified as being necessary for the safe delivery of care to the person using the service. A member of staff verified this and told us they were encouraged to do other training if they felt it would help provide improved support to people such as training for dementia. The registered manager explained that the training accessed by staff was provided in a number of ways such as e learning, group training and from the local authority. We were shown the training syllabuses for the courses mentioned above. We could see the detail of the training was comprehensive.

Staff told us they had supervision with the registered manager or with the care supervisor every four to six weeks. The care supervisor said if the need arose then this could be provided earlier and as required. During our visit to the provider's offices we inspected staff files. We saw minutes of staff supervision session notes. Discussions about working with people, any learning or actions identified following training and other issues were recorded

in detail in the notes of the supervision session. Staff told us that they had received notes of their supervision sessions signed and dated so they were aware of any actions they had to take. They said they felt well supported by the supervision process.

All staff had an annual appraisal. We saw copies of detailed appraisal notes including any identified training needs and discussion about the support provided for staff. The registered manager arranged regular monthly staff meetings to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from the recent meetings which had been circulated to all the staff so if they were unable to attend the meeting they were aware of what was discussed. The registered manager explained the purpose of this was to keep everyone informed and up to date so that the team remained effective.

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 told us they were able to make decisions about the daily care they received and were asked by staff for their consent where appropriate. Staff we spoke with told us they encouraged people to be as independent as they could when giving care to them. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented. The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests. This was supported by the care plan meeting minutes we saw.

Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent.

## Is the service effective?

Training records showed staff had attended training on the MCA which they confirmed they had received. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

People told us that where specific assistance was provided for them by staff with food preparation, they were given choices about what they wanted to eat. People said they enjoyed the meals prepared for them by staff. One person said, "I enjoy the meals prepared for me. Before I got this help I used to eat poorly, mainly take away meals" Another person said, "I hated cooking when I was able to do it, now I can't do it I'm glad my carers are good with preparing the food I eat."

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. We spoke with staff about how they

responded to people's individual dietary needs. Staff told us they asked people what they wanted to eat and encouraged people to eat healthily as well as having their favourite meals. They said they tried to balance providing a healthy and nutritious diet together with their preferences.

The service did not directly support people to meet their health needs; however staff told us that if they noticed people's health had deteriorated, they would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the relatives or family of the person as well as the office and they knew what to do if an emergency arose. Staff were trained in what to do in an emergency and we saw certificated evidence of this, such as training in health and safety and first aid.



# Is the service caring?

## Our findings

People told us the staff who supported them were caring towards them. People said they were treated with kindness and compassion. One person told us, "The carers are diamonds, really caring and doing a difficult job." Another person said, "They are fine, very polite." We saw that people's care plans included information about the person's background and the contact details for their next of kin. The registered manager told us that at the start of a new service for people they accompanied staff and introduced them to people so as to help develop confidence and trust in the relationship between people and the staff who cared for them. People told us this had helped them to have more confidence in staff earlier on in the relationship and that they felt better cared for as a result.

We saw from our inspection of the records that review meetings enabled people together with staff and relatives to discuss their support and they were able to give feedback about whether they felt it was appropriate to meet their needs and whether their privacy and dignity was respected by staff. We saw copies of five people's review meetings. In the notes people were asked if they felt valued and if their dignity and choices were respected by staff. Staff told us they knew about people's backgrounds and their histories because this was all part of the initial

assessment process. They explained that this was useful in helping them to understand the person better. Staff said the process of getting to know the person continued as they worked with them.

Relatives of people we spoke with told us they felt staff treated people with dignity and respect. One relative said, "I was impressed with the way the carers treated my parent, they always asked him how he wanted things to be done. They won him over because he was reticent at the start to receive any support at all." Another relative told us, "The regular carers are the best because they know the way we like things to be done and they do it." We asked staff how they maintained people's privacy and dignity when providing care to people. One staff member explained that where they used a key safe to enter a person's home they would always call out their name so that the person knew who it was who was coming in. Another member of staff said, "I always knock on the door and call the person's name to see if it's ok for me to go in."

People told us staff always wore their uniforms and staff badges and this was a great help to them as they knew staff were from the right agency. Staff said, "It's all part of respecting people and being treated as I would like to be treated." During this inspection those staff we saw, who came into the office, all wore their uniforms and agency identity badges.

# Is the service responsive?

## Our findings

People told us the assessment process that was carried out at the start of the service set out their plan of care effectively. They told us the care plan and the timetable of weekly care that was provided for them set out their needs and wishes just as they had requested. Staff told us that people's care plans were very precise and really helped them to provide the care in the way people wanted.

The registered manager explained that people referred themselves to the service and privately funded their care. Once a referral was made the registered manager carried out an initial assessment of their support needs. They explained about the service and they also carried out a detailed assessment of the person's needs to ensure the service could provide an appropriate level of care and support to meet that person's needs. Where appropriate staff also met the person and their relatives to discuss how the service might help provide appropriate support. People told us the service did not start until they were happy it would meet their needs appropriately and safely. One person said, "At the start I was very happy with my care plan. When I needed more support because my health deteriorated my plan was reviewed and I got additional support." Other people also told us they had an annual review of their care plans and this had enabled them express their views of the care they received and where any changes they thought were needed. One person said, "Yes my care plan has been reviewed so I was able to change things where it was needed." The registered manager told us the care plans and risk assessments were reviewed annually or sooner if any changes in the person's support were needed.

Additional information from other people involved in the person's care was also included in the care plan for example relatives, social workers or any day services people attended. The person using the service was involved in the development and review of their care plan. The care plans we inspected evidenced this. We saw the person had signed their plan in agreement with what had been written down and a copy was kept in their home and in the office. We saw care plans included information on the person's religious and cultural needs as well as any

communication needs including any languages spoken. The monitoring records of people showed that all the care plans had been reviewed in the last year and were up to date. People had monthly assessments to check whether their needs were changing. This included monitoring of their health conditions. The people we spoke with were positive with their views and experiences on the assessment process.

Where people had activities such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences. One person told us they just wanted companionship and some housework. With the support they were given, they told us they had been able to continue living at home on their own. They said, "Without this valuable support I would have had to go into a home." Another person said they liked to go out shopping but couldn't do so without some help. They said the help and the support they received had enabled them to go out each week and they said this had helped them keep in touch with life.

The registered manager told us the service provided person centred care to people to meet their individual needs. Staff told us they received training in person-centred planning. Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way.

People we spoke with told us they had been given information about the complaints process as part of their introductory pack to the agency. They told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or the registered manager about anything. We were shown the provider's complaints policy and procedure. We saw the handbook that was given to people explained the complaints process and what they could do if they were not happy with the quality of service they received.

The registered manager told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

# Is the service well-led?

## Our findings

People and the relatives we spoke with told us they thought the service was well managed. One person said, “I met the registered manager when they first came and did the initial assessment. I was impressed with them then. My care plan set out exactly what care I wanted, who could ask for more. Since then the carers have been great.” Another person said, “The manager does listen to comments made to them. Some changes have been made as a result that have improved things, such as letting us know if our carer is going to be late.” Staff we spoke with told us they felt the service was well-managed. They said, “The manager and office staff are very helpful and supportive. If we have a problem we can contact the office and they help us.”

We found staff were positive in their attitude and they said they were committed to the support and care of the people they cared for. One person said, “I love my job, it’s like family.” Another person said, “It’s a good job here, much better than other places I’ve worked at.” A new member of staff said, “I have been well supported since I started here, it’s a good team.” The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us that this was a fair reflection. They said the service was forward looking and the registered manager supported the team to consider ways they could provide people with better standards of care and support. One staff member said, “We are encouraged to discuss any issues and we are able to raise issues and make suggestions about the way the service is provided. Team meetings are a good place to do this.” We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered appropriately.

Systems were in place to monitor and improve the quality of the service. We saw records to show that in September

2015 the registered manager carried out a satisfaction survey with staff. The registered manager had analysed the responses and prepared an action plan where necessary to address areas that required improvement. We saw the responses received which were positive and we saw the analysis of the feedback. As an example staff had suggested arranging calls in the same geographical area so as to reduce time between visits and the resulting stress caused to staff. The registered manager had made arrangements for this. Another suggestion was for improved communication with people for any late calls that might occur. The registered manager told us they were making arrangements to improve this with an improved system of staff logging in and out of work. They said they would monitor the effect of the new arrangement to ensure improvements were made.

The registered manager had other quality assurance methods in place to monitor the scheme’s processes. An example we were shown was a staff training matrix. This charted the dates when all staff received their training and set out the planned dates for the year ahead. This evidenced the scope of training delivered and highlighted any training needs for staff. Another quality assurance tool developed by the registered manager was an audit tool used to monitor and check care plans reviews. This was to ensure they were up to date and all care plan reviews and the records relating to the people using the service were kept up to date.

The registered manager told us of a number of other ways used to improve the service people received. For example they told us that they carried out “spot checks” to monitor staff’s performance in people’s homes. They said they also undertook regular telephone checks with people to ensure the quality of the services delivered met the agencies quality standards.