A & J Kohli Limited

Bluebird Care Haringey

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?	Requires improvement

Overall summary

This inspection took place on 22 October 2015 and 2 November 2015. It was announced two days before the visit to ensure that the manager was available.

Bluebird Care Haringey is a domiciliary care agency registered to provide personal care to people living in their own homes. The registered provider is A & J Kohli Limited. At the time of our inspection 40 people were receiving a personal care service, and the agency employed 18 staff members.

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

Summary of findings

People were happy with the care workers supporting them, and told us that they were supported by a small number of care workers who knew them well.

We found that people were kept safe and free from harm with risk assessments in place to address relevant issues. There were enough staff employed to meet people's needs and to provide a flexible service. Staff training and systems were in place to ensure that the Mental Capacity Act 2005 was followed with people's consent recorded as appropriate.

Staff received regular training and were knowledgeable about their roles and responsibilities. They received regular supervision, appraisal and support from their line manager including spot checks of their work.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided. When incidents occurred, these were clearly recorded, and learning was taken forward.

People were supported to eat and drink, and to attend health care appointments. Systems were in place for staff to administer their prescribed medicines safely. Where needed staff supported people to maintain their independence skills.

People told us that the management were accessible and approachable, and that they felt able to speak up about specific areas for improvement. There were regular checks in place to review the quality of the service provided to people, and monitor satisfaction, with a clear plan in place to address areas for improvement.

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?

Good

The service was safe. There were arrangements to protect people from the risk of abuse.

Risks to people who used the service and staff members were assessed with written plans in place to manage them. There were clear processes for recording accidents and incidents and changes in people's needs.

There were safe recruitment procedures in place and enough staff to meet the needs of people who used the service.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Is the service effective?

Good

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.

People were supported to eat and drink according to their plan of care. Staff supported people to access health care appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff were trained in the requirements of the Mental Capacity Act 2005 and appropriate recording was in place to ensure that people consented to the care provided.

Is the service caring?

Good

The service was caring. People who used the service were positive about the caring nature, patience and compassion of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received. Where appropriate they promoted their independence.

Is the service responsive?

Good

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

Complaints were recorded and addressed appropriately, and people felt the their concerns were taken seriously. People who used the service and their relatives felt that the staff and manager were approachable and took action to address their changing needs, or any concerns they had.

Summary of findings

Is the service well-led?

The service was not always well-led. There was clear communication within the staff team and staff felt comfortable discussing any concerns they had with the management.

Regular checks were undertaken of the quality of the service provided, however there was room for improvement in the management of missed calls, and communication and administration from the service's office.

Requires improvement

Bluebird Care Haringey

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.

Before the inspection visit we reviewed the information we held about the service, such as any information from members of the public, and notifications from the provider.

The inspection of Bluebird Care Haringey took place on 22 October 2015 and was announced two days before the visit. This visit was carried out by one inspector. We also carried out visits to two people using the service on 2 November 2015, and the inspector and an expert by experience spoke with people using the service or their representatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Overall we spoke with two people using the service and nine relatives at the request of people using the service. We met with the registered manager, supervisor and coordinator during the inspection visit, and spoke with five care assistants following the visit. We also spoke with a health and social care professional who supported people using the service.

We reviewed the care records of twelve people that used the service, nine staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe with the care workers supporting them. People's relatives said that the service kept their relatives safe and took action to address any concerns about missed calls. One person told us, "I don't have any worries, there are regular carers that come."

Staff told us they had received safeguarding adults training. A safeguarding policy was available and staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures, and the service's whistleblowing policy. Staff told us they would report any concerns they had to the management. Appropriate records were maintained of any financial transactions undertaken on behalf of people using the service, with receipts kept to evidence purchases. The service's policy was that staff did not keep keys for people using the service, however in particular situations people could sign a waiver to indicate that they wished a staff member to have a key despite this being against the agency's policy. We saw records for when this had been undertaken.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff were aware of the contents of these. They contained information about action to be taken to prevent these as far as possible. For example, some people had mobility difficulties and information was recorded about how to support them within and outside of their home including the use of mobility equipment such as hoists and wheelchairs.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. On a small number of occasions when relatives expressed concerns that staff had missed agreed appointment times, action was taken to ensure that this did not happen again. If staff were unable to attend an appointment they informed the manager in advance and cover was arranged so that people received the support they required. People told us that there had been some problems with missed calls previously, up to a month ago, but they felt confident that these issues had been addressed by the service's management.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Applicants attended an interview to assess their suitability and records were maintained of these. All staff were required to complete an induction programme including shadowing which was in line with the common induction standards published by Skills for Care. The staffing records we looked at showed that the length of each staff member's induction training was tailored to reflect previous experience of working in health and social care settings.

Recruitment records included evidence of appropriate recruitment procedures including application forms, interview records, criminal record checks, identity checks and two written references which had been verified. New staff also signed their job descriptions, medical questionnaires, and completed lone working risk assessments. Staff confirmed that they had been through the recruitment checks, and had received induction training and had the opportunity to shadow other staff until they were confident in their role.

People confirmed that their medicines were given promptly and safely. One person told us, "Yes, they do medicines and record what they had done." The agency had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines. Staff administering medicines completed an assessment with their supervisor observing their administration, and records of administration were checked on a regular basis. Staff administering medicines were aware of their responsibilities to ensure that they completed the medicine administration charts and the communication log after they had administered medicines. They recorded the actual times that medicines were administered, to ensure that these were not given too close together. On the medicines administration records some staff had not explained the use of the symbol 'N' which signified medicines not given for another reason to other symbols available. We also found that arrangements for recording and administering new medicines after somebody had returned from a hospital stay needed clarification. We passed this on to the service's management who advised that this would be addressed without delay.

Good

Is the service effective?

Our findings

People told us that the regular staff were appropriately skilled and knowledgeable. When asked, comments included, "I think so in as much as I have observed," "On the whole, these people are very good," "Very good, trained well," and "The carers are good and they are the most important thing." One relative said, "There have been times when they sent someone new, and it is quite obvious they are not that experienced." However people using the service and their relatives confirmed that new staff shadowed a regular member of staff before working alone. One person said, "The new carer relieving our regular carer had two sessions training/shadowing. Excellent."

The supervisor was designated as the service's trainer, and provided the majority of training for the staff team. On the day of the inspection, three care workers received refresher training from the supervisor in the service's training room. Records of the staff team's training showed that all staff completed the provider's induction training. Mandatory training was then completed including first aid, food safety, moving and handling, health and safety, record keeping, fluids and nutrition, dementia care and person centred care. Refresher training was then provided on an annual basis. Further training was also being provided in end of life care, working with people with mental health issues and learning disabilities.

In addition to the mandatory training staff were supported to complete training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs. We spoke with staff who were working towards these qualifications, and they spoke positively about the support provided by the service in meeting their learning needs.

Staff were knowledgeable regarding their roles and responsibilities and the particular needs of people who used the service. They confirmed that they had been provided with a period of induction and worked alongside other staff to learn how best to support people before supporting them independently.

Staff told us they had regular supervision sessions and appraisal meetings were scheduled including a self-assessment of their performance. These processes gave staff an opportunity to discuss their performance and identify any further training they required. They were positive about the standard of training and supervision provided. They were also pleased to be receiving a rise in the pay rate from September 2015.

Records of supervision showed that people were provided with regular individual sessions during which client/care worker issues, training, goals, and personal issues were considered. The service aimed to provide staff with weekly supervision during their first twelve weeks of work, and monthly after this. Whilst they did not always achieve weekly supervision for new staff, there were records of regular supervision sessions in place as well as spot checks to observe staff working with people using the service. Staff told us that the team worked well together and they received clear information about what they needed to do. They spoke positively about the support provided to them by the management. We noted that there were monthly awards given to staff members who showed aptitude in particular areas, such as being very caring and using their initiative. The registered manager was working with the larger franchise organisation to promote a career pathway for staff members within the service and organisation.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA). The service's care records reflected the need to obtain consent from people, or make decisions in their best interests. Staff showed awareness about how people's rights were protected under the MCA, when they were unable to consent to decisions about their care.

People were supported to access food and drink of their choice and staff had training and were aware of safe food handling practices. Records demonstrated that people were supported to ensure that they had enough to eat and drink during visits, and where needed this was monitored. One person praised the cooking skills of their care worker, and said that they encouraged them to be involved in preparing meals, thus maintaining their independence skills.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by their relatives. However, staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Good

Is the service effective?

People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from a health and social care professional who provided support to some of the people using the service.

Good

Is the service caring?

Our findings

People who used the service were happy with the staff supporting them. They tended to have a small group of approximately three care workers providing support to them, so that they got to know them well. Relatives said, “They are all very kind,” “They look after her really well,” “X is very nice and good,” “X is very efficient and considerate, and did over and above what could be expected when my [relative] was ill.”

People told us that their privacy and dignity were respected by care staff. When asked, one relative said, “They are very good, and trained well.” Other people told us that care workers displayed good patience, and compassion. People received care from the same care workers, as far as possible. The agency had a system of having a small group of allocated care workers to each person, so that when cover was required due to sickness or leave the person knew the replacement staff member coming to support them. A relative told us, “They are mostly regulars. The company have tried to be consistent for her.” However one person said that they did not always know who would be providing cover when their regular care worker was not available.

People said that care workers were usually punctual and wore uniforms. They were provided with a weekly rota of staff who would be attending. People gave positive feedback about live-in care workers provided. A relative of a person who had a live-in care worker told us, “They are completely reliable, and came to visit and we had a chance to meet them first, and then a trial period.”

People using the service and their relatives told us they were involved in developing their care and support plan and identifying the support they needed and how this was to be carried out. One person told us staff helped their relative to maintain their independence by undertaking some household chores together.

The agency had a policy on ensuring equality and valuing diversity. Staff we spoke with said that this was covered during their induction training, and we saw records of training in this area. The routines, preferences and choices of people were recorded in their care records, for example one person chose not to have a particular meal on a daily basis, and this was respected. People who used the service said that care staff understood their needs and their preferences.

Good

Is the service responsive?

Our findings

People were happy with the way the service responded to their changing needs particularly by providing regular care workers who knew people's needs well. Where there had been problems, people said that the management were effective at bringing about improvements. One relative told us "I have asked that certain carers do not come any more. A couple I thought they were a bit lazy. Once I spoke to the company the person never returned." Most people said that they were informed when care workers were running late, as one relative said, "They do, yes. If they're going to be late they always phone and let me know." Two people said that this did not always happen, but care workers always stayed for their allocated time. One relative noted, "They are on average on time. They stay the full time, and complete what they are there to do."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. Care staff we spoke with informed us that they had enough travel time and could get to people on time. They said that they were given essential information about people who used the service so that they could provide the care needed for them.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that one person's care plan had been updated to reflect a recent change in their needs following a hospital stay. Staff told us that the office staff kept them fully informed about changes in the support required.

Assessments included information regarding past and present medical history, the cultural and religious background of people, and risk assessments including those associated with medical conditions, daily living tasks, and the home environment. We noted that environment risk assessments were not always dated, and passed this onto the registered manager to address. Care plans had been signed by people using the service or their relatives to confirm that they had been consulted about the contents. People told us that the supervisors reviewed their care in consultation with them to ensure that their changing needs were noted. Care reviews took place at least every year, but more often when changes had occurred, for example after an incident of concern. All care files had been audited for quality by the registered manager in May 2015.

People had a copy of their care plan in their homes and daily care records were being completed by staff including medicines given, food choices and the person's general wellbeing. People told us that the care plans were being followed by staff, and were updated regularly. Care records also included a copy of the service user guide and complaints procedure.

The people we spoke with all told us that a supervisor visited them regularly to check they were happy and they felt that the service responded to any issues that they raised. People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns.

There were clear records available of any accidents and incidents occurring, with action taken to address these issues recorded. Following one incident we suggested that the registered manager should update one person's risk assessment regarding behaviours that can challenge the service, and the manager agreed to do this.

The people we spoke with all told us they would contact the office if they had a complaint, and felt that these were addressed appropriately. One relative told us that they were unhappy with the way staff supported their relative with a body wash, as they were unable to use the bathroom, but as soon as they complained this was addressed. We looked at records of complaints and compliments in the agency office. Six complaints had been received in the last year, mainly relating to missed calls, changed times of calls, and the conduct of care workers. These had been investigated as appropriate, with apologies sent to people when appropriate, and learning taken forward to improve the service.

In August 2015 following a number of problems in service delivery, the registered manager had written to all customers to apologise about any disruptions to their service due to a range of issues, including care workers leave, sickness, road diversions and other disruptions to public transport.

Good

Is the service responsive?

A health and social care professional told us that the service was good at reporting any concerns or issues, and proactive at contacting health or social care professionals when needed.

Requires improvement

Is the service well-led?

Our findings

People were positive about the way the service was run, and one person said that in comparison to other care providers that they had used previously, they were very pleased with the service provided. Other people told us that visits were punctual, office staff were easy to get hold of and they received the timetable in advance so they knew who to expect. Almost all people we spoke with praised their care workers and told us that the service overall was 'getting better'. They were clear that if problems had been discussed with the management, improvements were made.

Four people told us that they thought improvements were needed in the service's administration and consistency. A relative told us, "Generally they need to improve the administration. They are really trying and good will is there, but it still needs improving," and "One reason I use them is that I believe they are trying to improve." Another relative noted, "In general the agency is very good, but I have to call to double check dates, to avoid confusion." One relative said, "They need to improve admin's handling of payments and when we get bills, they are often not correct."

The issue of most concern to relatives of people using the service was missed calls, although they felt that the situation had improved. For the most part they were informed when there would not be anybody available to visit their relative on a particular day. One relative told us, "Occasionally they say they cannot send anyone. Normally the carer tells us herself, she always lets us know." There were systems in place to ensure that people who did not have any other support available were always prioritised for care and did not have missed visits.

However one person told us, "Sometimes there is no call. Last week we didn't. The carer had told the office and the office did not pass on the message. Very frustrating, expecting a carer at a particular time, as I have to go for appointments etcetera." Another relative told us, "Communication is the only thing I felt fault with. Two missed calls and the company were not aware they were missed. But the company has apologised. Offered a free visit by way of apology." They were satisfied with this response so long as the company took action to ensure this did not happen again. We discussed these issues with the registered manager, who advised that she had changed the staffing rota particularly for weekend cover to ensure that staff were not working excessive hours, and also reduce the risk of unplanned sickness.

Without exception people using the service and their relatives thought the service was improving and taking their feedback seriously. One relative told us, "Slowly it [the service] seems to be building back up. I'm very happy overall, just niggly things can get bigger sometimes before they get sorted out." Another person told us that they had asked for a small number of care workers but had received over thirteen different people in twelve months. However "Now there are only three and they are very good." The registered manager explained that this was due to the person being selective about the care workers that they wished to have and provided evidence that this was addressed appropriately.

People and their relatives felt that the service encouraged them to provide feedback and took this seriously. One relative said, "Yes. We are encouraged to talk to the company." People confirmed that they received calls to monitor their satisfaction with the service, as one person noted, "They are doing OK. We have had maybe two phone calls since March 2015." Another relative told us, "An inspector who works for Bluebird comes around, once every few weeks. Brings in paperwork too."

The previous registered manager had left employment at the service shortly prior to the inspection, and the company director who was also registered as the manager, was managing the service, following a handover period. A new care coordinator had been appointed to the office, to work alongside the supervisor and occasional administrative support was provided. An on-call rota was in place amongst office staff, so that all non-office hours were covered.

The staff we spoke with all said they were able to contact the management if they had any concerns. All staff confirmed that they received regular supervision, and most had attended a recent staff meeting. Staff told us that they received regular support and advice from the office staff via phone calls, and in face to face meetings, and felt they were available if they had any concerns. We saw records of recent staff meetings, of small groups of care staff at a time. Issues discussed included medicines administration, recording, and training.

Requires improvement

Is the service well-led?

The management monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also carried out regular spot checks to review the quality of the service provided in people's homes. This included arriving at times when the staff were there to observe the standard of care provided.

People told us that their views on the service were sought. One person said, "Yes, I'm not sure how frequent. Maybe once or twice a year." Records were also available of regular home visits to check on people's satisfaction with the service. Issues identified from these sources were discussed with individual staff members during supervision, for example changes in medicines administration. We were told that regular telephone call monitoring was in place, and people confirmed contact from the office to monitor their satisfaction. There were some records of these calls, and we discussed with the registered manager how these records might be collated as part of quality monitoring.

The registered manager had meetings with other franchise owners in the provider organisation every other month. The service had been awarded Care Trainer of the Year and Putting People First in the South East Region Great British Care Awards 2014.

The quality manager from the agency's head office carried out a full quality audit in August 2014 and June 2015 and the service produced an action plan to address all issues raised.

Actions were put in place to improve a wide range of issues including staff appraisal, time keeping, including provision of taxis if staff were held back, lone working risk assessments, medicines records audits, mental capacity records, care reviews, and missed visits. These were being reviewed with targets in place for completion of all actions identified. Regular audits were undertaken of medicines records, service user files and staff files to ensure that they were complete and accurate. The manager also described her training plans for the service, for staff to become specialists in particular areas such as working with children, or end of life care, working in partnership with local community groups. She had conducted a review of the service's strengths, weaknesses, opportunities and threats and compliance with the current legislation and CQC standards, with a business plan for the current year. These records indicated that the registered manager was aware of the improvements needed, and was taking action to address them.

We saw records of the most recent satisfaction survey questionnaires from July 2015, with a return rate of nine of 26 surveys sent out. In three of these surveys people described frustrations with missed visits. The registered manager had sent out letters to all people concerned apologising for these failures in the service. We suggested that the views of other stakeholders in the service should also be sought by survey such as care managers and health care professionals working with people who used the service. The manager advised that this would be arranged. A questionnaire was also distributed to care workers at this time, with 13 of 16 surveys distributed being completed. Issues raised for improvement included rota changes, travel time, and communication.

A quarterly newsletter was provided to people using the service and staff. In the most recent newsletter for people using the service, feedback from the most recent survey, general news and some safety information was included. In the staff newsletter staff were thanked for their hard work, there was staff survey feedback, training and policy information provided.