

Bayford New Horizons Limited Bluebird Care (Sutton)

Inspection report

153, Epsom Road, Sutton, SM3 9EY

Date of inspection visit: 29 September 2015

Date of publication: 25/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection and took place on 29 September 2015.

At our previous visit in February 2015 we judged the service was meeting all the regulations we looked at.

Bluebird Care Sutton provides domiciliary care and support to 122 people living in their own homes in the Sutton area with a range of needs including older people, dementia, physical and mental health needs.

The service did not have a registered manager in post at the time of this inspection. A new manager was appointed in September 2015 and has applied to the Care Quality Commission to become a registered manager. A 'registered manager' is a person who has

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

People told us they felt safe with the care and support they received 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 manager ensured there were safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This meant that staff had the knowledge and skills to carry out their work with people effectively.

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

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

People 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.

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe with the care they received from staff.

There were safeguarding procedures in place that staff understood and had agreed to work with. 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 supported people to attend any activities they wanted to attend outside of their homes which expanded the range of activities people could undertake. It also increased people's experience of being in the community with other people.

Good



Is the service caring?

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

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

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

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed six monthly or earlier if any changes to the person's support needs or to the placement were identified.

People using the service were invited to discuss the support they received and any other issues. People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure which people knew about and which they felt comfortable to use.

Good



Summary of findings

Is the service well-led?

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

The 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 indicated people felt happy with the service and staff said they had good levels of support from the manager.

Good



Bluebird Care (Sutton)

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 Sutton took place on 29 September 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 head office and spoke to the new manager, the care co-ordinator, three members of staff, twelve people who used the service and three 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 felt safe using the service and they were treated well. One person told us, “I am quite happy with the care I get, I know my carers and that helps me to feel safe.” Another person said, “I am very happy, I feel safe with them, I’ve got nothing but praise for them.”

Staff told us they had received the training they needed to ensure the safety of the people who they cared for. Training records confirmed this. They were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose and what they would do to report any concerns appropriately. We saw the service had policies and procedures in place to respond appropriately to any concerns regarding the care being provided to people. The manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed the concerns had been reported as stated and that the concerns had been followed up via local authority safeguarding meetings.

We saw people had individual risk assessments and we saw risk management plans in their care files. These had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. One person’s risk assessment stated that they required the hoist to be used to transfer them from their bed to their chair. Staff who provided the care had involved the person in developing the manual handling plan so they were familiar and knew what to expect when staff carried out the manual handling tasks. Staff concerned had received appropriate training in using the hoist safely. When we looked at people’s care files, records we saw indicated that risk management plans had been followed appropriately.

People’s care files showed other risk assessments had been carried out to help to ensure their safety and maximise their independence. The risk assessments we saw covered the range of daily activities and possible risks including escorting people to the shops, preparing food, medicines administration and finances.

The manager told us that random “spot checks” were carried out at people’s homes to help ensure health and safety standards were being maintained by staff.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff said they would contact the manager as soon as possible. A record form was completed with the details of the accident or incident, the information was added to a data base and in the person’s file. If required, an investigation was carried out by the manager and an action plan developed. The manager or the staff carried out on-going monitoring of any actions implemented to reduce the risk of the incident or accident occurring again and to ensure that the person’s support needs were appropriately met.

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 co-ordinators 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 manager that care co-ordinators undertook a monthly audit of MARs held in people’s homes and we saw evidence of this. The training of staff and the monitoring checks have helped to ensure the safe administration of medicines to people in their homes.

Is the service effective?

Our findings

People were cared for by staff who had appropriate support and training to do their job. Staff told us they felt well supported by their managers and had appropriate training to carry out their roles. One member of staff said, "They provide good support for us. Access to training is good and we can always contact the office if a problem arises and they provide support straight away." Another member of staff said, "I feel well supported here, I love this job and working with this team. We support each other."

The provider 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 identified as necessary for providing safe and appropriate support for the person using the service. A member of staff told us they could access other training they felt would help provide improved support to people such as training for dementia, Parkinson's disease awareness and food nutrition. The 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.

Staff told us they had supervision sessions either with the manager or care co-ordinators every four to six weeks. The manager 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 sessions 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 manager. We saw supervision notes on the files we inspected, signed and dated.

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 provider 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 manager explained they aimed to keep everyone informed and up to date so that the team remained effective.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people and staff they were actively involved in making decisions about their care and support needs where ever they could. Staff we spoke with told us they encouraged people's involvement. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented. The 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. Training records showed staff had attended training on the MCA which they confirmed to us 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 they were given choices about what they wanted to eat and enjoyed the meals prepared for them by staff. One person said, "I enjoy all the meals I have." Another person said, "I'm lucky, my carers are good with preparing the food I eat, I enjoy it."

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. One member of staff told us they had developed a menu with

Is the service effective?

the person which was based on their favourite meals. They said they balanced this with providing a healthy and nutritious diet so their particular health needs could be met as well as 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.

Is the service caring?

Our findings

People told us they were happy with the staff who supported them. They told us they were treated with kindness and compassion with the care they received. One person told us, "The carers are very nice and caring." Another person said, "They are very polite, very, very good and helpful. No complaints at all." We saw that people's care plans included information about the person's background and the contact details for their next of kin. Staff told us this has helped them to have a better understanding of the person they cared for.

People using the service had an annual review meeting of their care plan and this helped people to express their views of the care they received and where any changes they thought were needed. One person said, "I like the fact that my support plan is reviewed because it gives me a chance to change things if that's what I need. Things like the length and timing of calls have been changed for me at these reviews." Staff confirmed care plans were reviewed and we saw evidence of this on people's care files. 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.

People told us they felt the staff treated them with dignity and respect. One person said, "I have had the same carers for a long time now, I am treated like family." We asked staff how they protected and maintained people's privacy and dignity. One staff member explained that they would always call out before going into the person's bedroom so as to ensure that people were dressed. 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." Another member of staff told us they all wear their uniforms and staff badges so that people knew who they were. They said, "It's all part of respecting people and being treated as I would like to be treated." We saw staff who came into the office wearing their uniforms and identity badges at this inspection.

When we looked at the staff records we saw staff had signed to say they had received the staff handbook which outlined their roles and responsibilities as part of the care services provided. We saw the handbook which included sections on confidentiality, providing support according to care plans and risk assessments and ensuring the safety.

Is the service responsive?

Our findings

People told us staff who provided their care knew about their wishes and support needs and cared for them accordingly. The manager explained that people referred themselves to the service and privately funded their care. Once a referral was made the 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, "After a short while, I needed more support from my carer, I got it and my care plan was changed." The manager told us the care plans and risk assessments were reviewed six monthly 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 that the person had signed their plan 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 recently reviewed and were up to date and this information was confirmed when we looked at the care

plans. 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 outside of their homes 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 liked to go shopping but need assistance to be able to do so. With the support they were given, they told us they have continued with these activities and enjoyed being able to do so. Another person said they attended a day centre and the support they received enabled them to continue to go each week and they said, "they loved it."

The 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 knew what to do if they were unhappy about something and they felt they were able to talk with staff or the manager about anything. We were shown the provider's complaints policy and procedure. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received.

The 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 who we spoke with told us they thought the service was well managed. One person said, “The manager has always listened to my comments and there have been changes made that have improved things like communication with us, letting us know if our carer is going to be late and things like that. I’d say the service was well led.” Staff we spoke with told us they felt the service was well-managed. They said “The manager is very helpful, the support they provide us if we need it is good. If we have a problem we can contact the office and they help us.”

The service had a new manager who has been in place for the last month. Previously they acted as deputy manager with this service and so knew it well. They had applied to the Care Quality Commission to become the registered manager and we saw evidence of this. From our conversations with them we saw they were aware of all aspects of the service including the support needs of all the people using the service.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. One person said, “I love the job, it’s like caring for family.” Another person said, “I love my job, I feel really well supported by the manager and by the team.” The 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 manager supported the team to consider ways they could provide people with better standards of care and support. One staff member told us, “We are encouraged to discuss any issues and the manager listens.” Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. 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 August 2015 the registered manager (at that time) carried out a six monthly satisfaction survey sent out to people. 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 from a previous survey people had feedback that communication with the office could be improved over matters such as staff arriving late because of unexpected hold ups. In response the provider installed a new mobile phone system that enabled all staff to be able to contact the office so that the office could contact people to let them know what was happening. People told us at this inspection it had really improved communication with the office about any late arrivals.

The 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 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 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.

People told us that any suggestions or issues that they raised with the manager or with staff were actioned appropriately. One person said, “If I bring something up with them, it is dealt with. They listen.”