Care Quality Commission

K&T McCormack Ltd

Bluebird Care Redbridge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 16 January 2018. At the previous inspection in November 2015 the service met all regulations. During this inspection the services continues to be "Good".

This service is a domiciliary care agency that provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of our visit there were 95 people using the service from several London boroughs.

On the day of our visit, there was a registered manager in place. 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 continued to feel safe receiving support from Bluebird Care Redbridge staff. Staff continued to receive safeguarding training and had a working knowledge of the safeguarding processes and how to raise a concern.

Medicines were managed safely by staff that had been assessed as competent. Staff demonstrated an understanding of the infection control principles and guidelines in place to prevent the spread of infection.

We saw an effective risk management and accident management process in place that ensured staff learnt from past incidents in order to improve practice.

People told us they were treated with dignity and respect. They reported that staff were polite and kind. They thought they were enough staff to meet their needs. Although they reported at times visits were later or earlier than planned.

Recruitment practices in place continued to ensure only staff that were suitable to work in a health and social care environment were employed. Staff were supported to develop their skills and knowledge through a comprehensive induction, annual appraisal, training, spot checks supervision and staff meetings. They were aware of the Mental Capacity Act 2005 and how they applied it in practice.

Care plans remained up to date, person centred and outlined people's goals and aspirations as well as outcomes and expectations. They were reviewed regularly together with people and those that mattered to them.

People including those with complex dietary requirements were supported to maintain a balanced diet that met their needs. They were enabled to access healthcare services in order to maintain their health.

People and their relatives told us the service continued to be well managed. They were aware of the

complaints process and felt that any concerns raised were investigated and resolved with the exception of the ongoing visit times. We made a recommendation about informing people if there were any changes to staffing and visit times.

There were effective quality assurance systems in place to ensure the quality of care delivered was monitored and improved.

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 services continues to support people safely.	**Good** ●
Is the service effective? The service remains effective.	**Good** ●
Is the service caring? The service remains caring.	**Good** ●
Is the service responsive? The service remains good.	**Good** ●
Is the service well-led? The service continues to be Good	**Good** ●

Care Quality Commission

Bluebird Care Redbridge

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 inspection was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 16 January 2018 to see the registered manager and office staff and to review care records and policies and procedures.

The inspection was completed by one inspector. Before the inspection we gathered information from notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority and Healthwatch to receive feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed nine people's care plans and seven staff files which included appraisals, induction, medicine competency checks and supervision records. We reviewed staff meeting minutes, medicine audits and seven medicine administration records. We spoke with the registered manager, the care manager, two care supervisors a senior care supervisor and three care staff.

After the inspection we spoke with 15 people and three relatives over the phone and received written feedback from two relatives. We also reviewed written feedback sent in to the service from 12 people and eight relatives.

Good

Is the service safe?

Our findings

People told us they felt safe and reassured by staff that came to care for them. They told us that their care was delivered in a consistent way, which enabled them to feel safe and confident. One person said, "I feel safe." Another person told us, "The staff make sure the door is locked before they leave. They always announce when they come in so I know it's not an intruder."

The provider ensured people were protected from harm or abuse. Staff had completed safeguarding training to ensure they understood their responsibility to prevent harm and discrimination. Staff members told us they had attended safeguarding adults training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding training. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. We also saw reviewed safeguarding reported in 2017 and found appropriate actions had been taken.

People told us they were supported by the same staff most of the time for continuity of care. One person said, "I see the same faces most times." Staff we spoke with and a rota we reviewed confirmed that people received care from a regular set of staff. However, five out of fifteen people thought the communication of any changes made to the rota were not always communicated in a timely manner. We spoke to the care manger about this and they explained that this was usually when last minute cancellations happened. We found although cover was always arranged to ensure people received the care and support they needed some people did not like having a different staff.

People, staff and relatives had told us there were enough staff to meet their needs as they reported none of their support calls had been missed. We looked at visit time logs and rotas on the electronic system and found no missed visits in the last few months. Only a few of the visits were outside of the visit times. The care manager had a plan to try and ensure that there were always enough staff to meet people's needs and to cover for sickness and any other absences.

Recruitment practices were comprehensive as necessary checks were carried out, so that only people deemed suitable for working with people in their homes were employed. These checks included but were not limited to proof of identity, work history, references, health checks, Disclosure and Barring Service checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK.

Most people told us that they took responsibility for their own medicine. However, two people told us staff helped them to some extent with their medicine. One person said, "They [staff] supervise, they check I've done it right, and they keep a very good record of it all. It's all done very professionally." Medicines were appropriately managed. Staff told us they received training on medicine administration. We found medicine administration records were completed properly. A medicine assessment took place before staff members were deemed competent to administer medicines. We looked at staff files and saw that staff who gave medicine had received training and were aware of the procedure to follow if they found any discrepancies.

Staff were aware of the procedures to follow in an emergency in order to get help for people and had

attended the necessary training. They told us that the office would provide cover for the rest of the visits to enable staff to stay with people until an ambulance came and next of kin was notified. Incidents and accidents were reviewed regularly and appropriate remedial action was taken. Staff were aware of when to fill these in and told us they would call the office as soon as possible. Accident and incident reports were reviewed by the management team and appropriate referrals were made where people required support from other professionals in order to protect them from harm. Any learning according to staff and the registered manager was then discussed with staff during supervisions and spot checks.

We saw that risks to people's home environment were assessed but sometimes not always updated in a timely manner. Six out of nine were a month or two past the review date. We asked the care manager about this and they told us they would rectify this as it was partly because they had moved to electronic records and staff were yet to update records to show that home environment and equipment risk assessments were up to date. This was a failure to record the updated checks onto the system in a timely and was passed on to the coordinators to rectify on the day of inspection.

Other risks such as behaviours that challenged the service, reduced mobility, falls, and skin integrity were also assessed and reviewed and made known to staff when they started to care for the person to ensure that the necessary precautions were taken to minimise harm. Body charts were used to indicate any skin breaks. Staff gave examples of strategies they used to effectively manage behaviours that challenged such as distraction and engagement in meaningful activities.

People were protected from the risk of infection because appropriate guidance was followed. Staff had attended infection control training and told us they had access to personal protective equipment. During our inspection we saw staff come in and pick up what they needed. One staff told us, "We always wash our hands to prevent infection. Where requested we wear foot protectors to prevent making peoples environment getting dirty."

Good

Is the service effective?

Our findings

Eleven out of fifteen people told us staff were able to support them effectively. One person said, "The staff are very good, they know me so well, I don't even have to tell them what to do." Another person told us, "They are all quite good. You get the odd one coming for the first time but that's not too bad just a little slower than the regulars." The other four people thought when their regular staff were away the relief staff were not always fully aware of their needs although this did not impact on their care as they communicated well.

Staff were supported by people who had undergone the necessary training. Records reviewed showed staff were supported by means of regular supervision, spot checks and annual appraisals to ensure they were up to date with current practice. We found an induction was completed which included a period of shadowing an experienced inspector until new staff were confident. One staff member said, "The induction was very helpful in that it helped me link theory and practice and helped me get to know the customers."

Before people started to use the services a comprehensive assessment took place within their home in order to establish their needs and expectations as well as to assess the home environment. Records we reviewed showed these assessments took place with people and their relatives and care plans were then agreed with a follow up telephone call to check how the package was going. They included medical history, physical, social and emotional needs and personal goals.

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.

We checked whether the service was working within the principles of the MCA. Staff had completed capacity training and were aware of how they applied this in practice. One staff member said, "We will never force people to do anything they don't want as it's their choice. But if it is about them refusing important medicines or care then we have to inform their GP and relatives." They were aware that in some cases best interest's decisions had to be made where people lacked capacity to make specific decisions. People told us that before support was offered staff always asked and explained what they were about to do. One person told us, "I don't feel rushed. They ask and let me do things the way I like."

People were supported to maintain a balanced diet that met their individual preferences where it was part of their support plan. One person told us, "They ask what I want and make it or warm it up for me. My [relative] does the shopping." Another person said, "They always leave out a drink for me and some finger foods cut up and within reach." Staff were aware of people s dietary preferences. One staff member told us, "We give [person] extra time as they have difficulties swallowing and are on a soft diet."

People were supported to access healthcare services. They told us staff helped them by sometimes calling

their GP or their local pharmacy. One person told us, "They[staff] remind me of my hospital appointments as I show them the letters." Staff told us they sometimes visited at the same time as other healthcare professionals such as district nurses. This was confirmed within the daily care records we reviewed. We also saw that visit times were adjusted in order to enable people to keep their hospital appointments.

Good

Is the service caring?

Our findings

People told us they were cared for by staff that were polite and caring. One person said, "The staff are very good to me. They talk with me as they help me." Another person said, "They are very friendly and gentle with me." Relatives confirmed that staff they had interacted with were attentive. Staff we spoke with spoke of people in a passionate manner and told us how they enjoyed assisting people. One staff member told us, "It's very rewarding to know you have made an impact on a person's life. Just to see one person smile makes it all worth it."

People were supported to maintain their independence. One person told us, "All I need is my frame within reach so I can walk by myself. They leave it close and that helps me." Another person told us, "They [staff] encourage me to wash as much as I can and only help with the bits I can't reach such as my feet." Staff told us they were always mindful of people's personal space and tried to make personal care less intrusive. One staff member told us, "I always ensure I don't expose people unnecessarily. Talking whilst we do it also helps calm some people."

People were treated with dignity and respect. One person told us, "They are always polite and call me by my name as requested." Another person said, "They go off and do other things such as make the bed while I use the bathroom. That's very helpful as it helps me relax and do what I have to."

People had access to information in a format they understood. The electronic system had capacity to generate pictorial care plans where required. Each person had a service user guide which contained all the information about the service including who to contact within and out of office hours. One person told us, "I have their number in a book, I can call if I need anything."

People were supported to access advocacy services where required. The care manger was aware of the agencies available where they could sign post people when required. Records confirmed that most people had power of attorney for health and some for health and finances where people lacked capacity to make decisions for themselves.

Good

Is the service responsive?

Our findings

People told us they were aware of their care package and agreed visit times. One person said, "Yes I know how many times they should come, some visits are 30 minutes others are an hour. They usually stay the whole time." We found rotas were sent to staff a week in advance and sometimes to people if they requested. However, these sometimes changes due to absence. People and their relatives told us the service was fairy flexible and could alter visit times to suit people's other appointments.

Care plans were person centred and had a specific outcome for the individual for every identified need. For example one care plan read, "To ensure [person] stays safe in their home." This was followed by specific instructions on how staff were to manage the person's medical condition. Another said, "I like to look neat and tidy. I like to wear jewellery."

The support plans were all written in first person where appropriate and included a section entitled, "What's important to me!" This section outlined peoples support structures, interests, goals and aspirations and religious or cultural beliefs. Care plans were renewed whenever people's needs changed. For example, one care plan had been changed from a visit three times a day to four times a day as staff were found the evening call was too early to assist the person to bed. This meant this person was now getting more appropriate help closer to their preferred bed time

People told us they were able to complain. One person said, "I can say if anything is they matter and they listen." Another person told us, "They do listen but I feel not enough is done to make sure I have the carers I want all the time." We spoke to the care manager about this and they told us that they were in the process of resolving this complaint. We saw a response to confirm this. Logs were kept of all complaints and we saw action was taken to resolve all reported concerns.

Good

Is the service well-led?

Our findings

The service continues to be well-led. Ten out of 15 people we spoke with were very positive about the management and told us they would recommend the service to others. The five exceptions were people who were still waiting for their feedback about communication when visit times were delayed was to be improved. We spoke to the registered manager about this and they showed us evidence that they were in the process of trying to resolve the issue which occurs when regular staff were off and sometimes there was not always enough time to notify people of changes. We recommend that the service takes steps to ensure communication is kept timely where any changes to agreed visit times are inevitable.

People told us that they were satisfied with the service aside from the occasional deviation to agreed visit times. One relative told us, "Bluebird Care looked after my father for about six months. They were recommended to us and I would happily recommend them to other potential clients." One person told us, "I think they do very well for a fairly big service, I still get regular [staff] for the week."

There was a registered manager in place and a care manager was overseeing the care packages at the time of our inspection. The care manager was in the process of registering to becoming the manager and was notifying us of any concerns as required by law. Staff were aware of their roles and responsibilities and were able to explain this to us. There was an on call system to ensure people and staff had support out of hours. Staff members confirmed that they had been able to access help when they had used the on call line. One staff said, "The times I have needed them they have always been quick to answer and helpful."

We saw evidence that people's views were sought regularly. This was done by means of telephone checks, checks during spot checks within people's homes and annual satisfaction surveys. We reviewed the latest satisfaction survey results and found everyone had been sent a generic feedback with all the actions the service was going to take as a result of feedback. Most of the feedback was positive and the negative was in the process of being addressed.

There were procedures in place to ensure the quality of care delivered was being monitored and reviewed. This was mainly through the telephone monitoring and spot checks where any feedback was actioned immediately. This included issues such as changing visit times or care staff although some people thought this not always communicated.