

Ampi Limited

Bluebird Care (Gravesham and Dartford)

Inspection report

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Website: www.bluebirdcare.co.uk

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

We undertook an announced inspection of Bluebird Care (Gravesham and Dartford) on the 21 July 2016. Bluebird Care (Gravesham and Dartford) is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At our last inspection on 6 January 2014 the service met the regulations inspected.

There was a registered manager in post. 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 using the service and relatives told us that they were satisfied with the care and services provided. People told us they were safe when cared for by care workers. People and relatives also spoke positively about care workers and management at the service.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm.

There were appropriate arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. Medicines Administration Records (MARs) were completed correctly and the service had an effective medicines audit in place.

People told us their care workers turned up on time and they mostly received the same care worker on and had consistency in the level of care they received. This was also confirmed by relatives we spoke with. The service had a system in place to monitor care workers punctuality.

People and relatives told us that they were confident that care workers had the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff was positive.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. People and relatives spoke positively about the service and told us they thought it was well managed.

There was a clear management structure in place with a team of care workers, office staff, the registered manager, the operations manager and the provider.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through review meetings and satisfaction surveys. Records showed positive feedback had been provided about the service. The service also undertook a range of checks and audits of the quality of the service and took action to improve the service as a result

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. People and relatives we spoke with told us people were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service so only suitable staff were employed to provide with care and support.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

People were involved in their care. Review of care meetings had been conducted with people in which aspects of their care was discussed.

Is the service responsive?

Good 

The service was responsive. Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good 

The service was well led. People using the service and relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, office staff, care co-ordinators, the registered manager, operations manager and the provider.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Bluebird Care (Gravesham and Dartford)

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Some of the people being cared for were older people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with nine people using the service, four family carers, seven staff, the registered manager, operations manager and the provider. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People using the service and relatives told us they felt safe around their care workers. People told us "Yes I do feel safe" and "Yes I do". Relatives told us "Oh yes they are safe. [Person] would tell me if they didn't feel safe."

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed. Care workers told us "We have to ensure people are safe from harm and abuse" and "I would contact the manager and if I need to I would go to higher management. We have a list of all the organisations and numbers we can contact in our workbooks."

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service for example in relation to the environment, medicines and moving and handling. These included preventative actions that needed to be taken to minimise risks as well as measures for care workers on how to support people safely. The assessments outlined what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition and we saw evidence of this.

When speaking to care workers, they were able to demonstrate a good understanding of possible risks and how to keep people safe. They told us "I make sure there are no cables or wires around so they don't trip", "Ensure there is enough room and space for their equipment like a hoist or their walking frame", "Any chemical products are put away and no sharp objects are left in the kitchen" and "Tidy up and ensure there are no trip hazards."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with adults. Two written references and evidence of their identity had also been obtained.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People using the service told us care workers mostly turned up on time. They told us "Always", "Yes they do" and "In the main yes." Relatives told us "Yes they are pretty good" and "Yes within 5-10 minutes they arrive."

People received care from the same care workers and had consistency in the level of care they received.

However feedback indicated there were issues with consistency during weekends and the holiday periods. People using the service told us "I do in the week. Weekends I have a mixture of people that I don't know", "They do send me a rota but I don't recognise the names", "I have a mixture of new girls where I have to explain everything", "Yes I do apart from time off and holidays and weekends", "Over the weekend there's different ones and "You don't get them all the time with school holidays." Relatives also told us "Consistency there is room for improvement but they are always striving for that" and "At the weekend the regular one is away and it falls apart." However, we saw evidence that the service was in the process improving their staff allocation system.

We asked the registered manager how the service monitored the allocation of care workers and their timekeeping. The registered manager told us that they would always try and ensure care workers were in the same area as the people they were supporting and that there was on going recruitment of care workers to ensure consistency in people's care. Currently the care workers completed timesheets and these were checked when they brought them to the office. Any instances with lateness would be notified by the care workers and the office staff would notify people. The registered manager told us this was an interim measure as they were in the process of implementing the PASS system, a care management and information system. It allows staff to receive and record information via an application in their mobile phone. The system has functions which allow for the live monitoring of care being provided and confirmation of tasks completed. Office based staff would receive alerts if care workers were late or had not turned up and visit tasks were not completed to allow them to check why. The registered manager told us this would help with monitoring the service more effectively especially at the weekends and holiday periods and for staff it would be a tool to support them do their work more efficiently. However this system was not in place at the time of our inspection so we were unable to comment on its effectiveness and will check on this next time we inspect.

We spoke to care workers about staffing levels and they told us they received their rota on time and had regular clients. They told us "Yes my rota is emailed weekly and I have regular clients", "Yes the rota is well planned. I have clients in particular areas that suit me" and "I sometimes know two weeks in advance. They are fine."

There were suitable arrangements for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Care plans provided care workers with clear information about people's medicines and the support they required with them. Information about the collection and disposal of medicines was also included and supporting information such as the contact details of the pharmacy.

We looked at a sample of medicine administration records (MARs) for people and saw that there were no gaps which indicated people received their medicines as prescribed. Records showed the service had a system in place for auditing medicines. Monthly medication audits were carried and any discrepancies and/or gaps were identified and followed up as necessary to improve the service and minimise the risk of similar shortfalls occurring.

Records showed that staff had received training and undertaken competency assessments on the administration of medicines. When speaking with care workers, they were aware of their responsibilities when dealing with people's medicines. They told us "The medicines are usually in blister packs. We record everything, we have a MAR sheet. If the person refuses, we would record it and contact the manager straight away."

The service had an infection control policy in place. Care workers were aware of infection control measures

and told us they had access to gloves, aprons and other protective clothing. People using the service told us that care workers observed hygienic practices when providing care. Care plans included COSHH (Control of Substances Hazardous to Health) assessments which detailed the risks of products that could be potentially hazardous to a person's health. The assessments included information on the risks and measures in place to minimise any risk of injury to people and to keep people safe from infection and contamination. Information was also provided on what a care worker needed to do in case of an emergency.

Is the service effective?

Our findings

People using the service and relatives told us they felt care workers had the necessary skills and knowledge to support people's needs. When asked they told us "Yes certainly", "Yes I do 'they cope with everything I need to get done", "Yes the ones I have do" and "In the main yes you get the odd trainee." One relative told us "Some do but some don't." However they told us " Most carers I have been pleased with."

Records showed care workers were given the training and skills they needed to enable them to support people effectively. Staff undertook an extensive induction which included assessments, spot checks and mentoring with experienced care workers. The registered manager told us and records showed the service had started to implement the new Care Certificate for their staff which is the benchmark set in April 2015 for the induction of new care workers.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medication awareness, COSHH, Equality and Diversity, Infection control, food hygiene, dementia awareness, mental capacity and DoLs, manual handling and health and safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. There was a training matrix in place which clearly showed staff had completed up to date training and also listed when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training. Care workers told us "We just had training on slide sheets and resuscitation and got shown how to do it", "We regularly get asked about what training we would like to do" and "If you want more training you just ask. They will also let you know if you need extra training in particular areas."

Records showed that some staff members had obtained National Vocational Qualifications (NVQs) in health and adult social care and the registered manager supported staff to develop their level of skills and knowledge. One care worker told us "I have just completed my NVQ Level 2 which they supported me to complete."

When speaking with care workers they felt supported by their colleagues and management. They felt positive about working for the service. They told us "It is always easy to approach them [management]", "You know exactly where you stand", " Totally trustful and very professional", "You feel supported", "The manager is there for you" and "I feel supported. Any issues they deal with straight away."

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. Supervision sessions enabled care workers to discuss their personal development objectives and goals. We also saw evidence that care workers had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. Records showed when a person lacked the capacity to make a specific decision; people's families were involved in making a decision in the person's best interests. We found that care plans were signed by people or their representative where appropriate if the person was unable to sign to indicate that they had consented to the care provided.

People's care plans contained detailed information about people's medical history. The information detailed what the diagnosis was and how the condition affected the person's abilities. There was also some information about the medical condition so care workers were aware of what each medical condition was. Records showed that family carers dealt with the day to day care and arranged all health care appointments for people using the service.

People were supported with their nutritional and hydration needs. Each care plan contained a nutrition and hydration support plan which detailed information on what support people required with their food and drink. There was information about each person's dietary needs and requirements, personal likes and dislikes, allergies and where they liked to eat. The plans also identified potential risks such as poor food hygiene practice, incorrect storage, food preparation, cross contamination and sharp objects in the kitchen. Control measures were listed to ensure care workers followed appropriate food hygiene and safety practices in people's homes.

Is the service caring?

Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. People using the service told us "Perfectly polite", "Very good. My main carer is marvellous", "Yes they are caring and friendly", "Oh yes very caring", "Yes they are caring enough" and "Yes we are so friendly so we are like friends." Relatives told us "Oh yes they are" and "Yes all of them. They sit and laugh with [person], speak nicely and ask [person] what they want."

We found people were treated with dignity and respect. People using the service told us "Oh yes they do", "Oh definitely", "They cover up my private areas when they are washing me", "When I have a bath they are very good" and "Yes they put towels when they are doing the top half they cover the bottom half with the towels." One relative told us "Yes they cover [person] with their blanket and when they wash, they will tell [person] what they are doing."

When speaking with care workers, they indicated an understanding of respecting people's privacy and dignity. They told us "I place a towel so people don't feel exposed", "I make sure they are covered and the door is closed", "I leave them alone and give them space so they don't feel I am standing over them all the time", "I am always explaining to them what I am doing so they are relaxed" and "I explain to them, try to keep them covered as much as possible and ask if they are okay."

We received feedback from people using the service that care workers were not rushed and took their time when providing people care. People told us "They don't rush they do everything that is required", "Not at all rushed they stay their full time", "I'm not rushed", "They are good. Sometimes if they have extra clients fitted in they have to rush off but normally they do their time" and "They take their time. Very good."

We found positive relationships had developed between people and staff. People using the service told us "I can shower myself if there is a problem they are there with me", "They always ask how I am when they come in", "I have aches and pains and they are careful. They ask me if I want them to do this or that", "They give me a body wash and help me. They talk to me" and "Never rushed they are a delight. They make me happy. We have a laugh and a chat". Relatives also spoke positively about the care workers. They told us "Yes they talk with [Person] with respect. They don't assume to know what [Person] wants and give [Person] space to respond" and "Always talk to [Person] in advance of what they are about to do."

Care workers indicated a good understanding of caring, and were respectful and compassionate towards the people using the service especially with people who may have dementia. They told us "I always ask them and check that they are okay.", "I speak with them all the time so they don't get upset and don't know what's going on. It helps so they don't get alarmed", "I get them to choose their own clothes and food. Ask them what they would like" and "I ask them what they think and how they want to do something and listen to them. Talk to them and not at them. There is a difference."

There were arrangements in place to ensure people had the opportunity to express their views about the service and with the planning of their care. Records showed that review of care meetings had been

conducted with people in which aspects of their care was discussed. When speaking with people using the service and relatives they confirmed this. People told us "Yes they do ring up and ask if I need extra help", "They come up the house and talk to me" and "There are regular reviews and spot checks. Two carers will come in and someone from the office will come in and watch them." Relatives told us "Every six months they come to the house" and "We had a care review in the morning and times were increased."

Is the service responsive?

Our findings

People and relatives of people using the service told us that they were satisfied with the care provided by the service. People using the service told us "I do what I can, they do what I find difficult" and "I would say they are very helpful. I do try and do things for myself. They do ask if there is anything else they can do for me before they go."

We looked at five people's care plans as part of our inspection. Care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history and outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, medicines, nutrition and hydration and mobility.

Care plans then clearly detailed what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information as to who the person is, what is important to them, their overall goals and daily goals for receiving care.

Care workers were aware of people's care plans and used them to ensure they were aware of people's needs. They told us "I read the care plans, talk to the person and their family. The information in the care plans is updated. It tells you what is expected from the person, it's clearly written. People always come first and it's what they want", "I read the care plans. People's needs change and you have to consider that" and "The office staff will let you know about people's needs. I read the care plan and read the daily notes to check what the other care workers have done before me."

There were arrangements in place for people's needs to be regularly monitored to ensure the care they received was appropriate. Care plans were reviewed six monthly by staff and were also updated when people's needs changed. Daily communication records were in place which recorded information such as visit notes, meal log and medication support provided which meant that there was a record of the care and support people had received.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the service. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. People using the service told us they did not have any complaints and any concerns they have raised had been dealt with. People told us "No, I have no complaints. Only when a care worker came too early and I told the office. It was dealt with as they never came early again", "If there was something wrong I would write to them and they would sort it" and "Yes one complaint about 4 months ago. Care worker couldn't speak English and I couldn't understand her. They

sorted it out and I don't have that care worker anymore."

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the service and told us they thought it was well managed. People using the service told us "Quite happy with Bluebird Service", "Quite happy with things as they are", "They are very good", "It's my birthday on Tuesday and I have received a card from bluebird care" and "My daughter made a lot of enquiries before she signed up and said they are the best; they really are very good. I would recommend them to anyone."

People and relatives also told us the management and office staff were approachable and easily contactable. They told us "Yes they pick up the phone", "Oh yes if I ring up the office they come and visit me if there is anything I want to discuss. Everything is running smoothly", "I ring them up they always pick up and ring me back", "You just ring them up and ask who you want to speak to" and "I speak to the office manager." Relatives also told us "They are all quite pleasant" and "Very approachable."

Care workers spoke positively about working for the service and the management. They told us. "I love working for Bluebird", "I really like working for the agency", "I have no hesitation approaching them if there are issues", "Yes it is well managed", "I really enjoy it", "They couldn't do a better job, I have no complaints" and "They are lovely people to work with and I trust them."

The registered manager told us and records showed the service had a career pathway scheme in place for care workers. The meant that care workers were able to develop their skills and knowledge and gain qualifications to further their careers and have the opportunity to work in other roles within the organisation. The operations manager told us all the office staff had been promoted from care workers which enabled them to support the care workers and people more effectively as they had the necessary experience and knowledge.

The provider told us that "80% of our office staff have been promoted from being care workers which is a statistic we are proud of and we offer a career pathway to our staff and encourage staff to look at having a 'career in care' when they join us."

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Care workers confirmed this and told us "Yes there are frequent staff meetings where we get updated and we know what's going on", "They send through information and keep us updated. They are quite good like that" and "We have regular team meetings and are able to contribute our ideas."

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure minimal disruption to the service in the event of instances such as lack of staff, fire, severe weather conditions, theft and damage to computers and electronic software.

There were systems in place to monitor and improve the quality of the service. We found the service obtained feedback from people and care staff via questionnaires. We noted the feedback was generally positive and records showed a comprehensive action plan had been produced based on the findings. For example from those who had responded, 73.3% of people said care workers turned up on time, 100% of people thought care workers were respectful and polite and 90.6% of people were satisfied with the service. The questionnaire did identify some issues with communication between the office staff and people using the service. Records showed an action plan was developed on in May 2016 which detailed the measures the service will put in place in response to this and improving communication. For example this included reminders to be sent to office staff for them to promptly respond and communicate effectively to people if care workers were running late or if there were any changes. Records showed this had been actioned which meant the service implemented appropriate measures to improve the quality of service being provided to people using the service.

Records also showed compliments received about the service included "Care worker is really special and has been a great companion", "Care worker does a great job", "Care worker is a little ray of sunshine", "Care worker is very helpful and pleasant. Always happy to help" and "Big thank you. [Care worker] went above and beyond for [Person] last week when they were poorly. A brilliant carer."

The service had an extensive auditing process in place to evaluate the quality of service being provided to people using the service. An extensive audit had also been conducted in September 2015 by the provider which covered aspects of the service including training, care reviews, risk assessment, medicines and auditing of MAR sheets and staff rostering. Areas of any improvement were highlighted and an action plan was in place to address the issues. For example the audit identified people's medication support plans contained no details of the pharmacy which would dispense the medication. People's support plans showed that this information had been added so care workers were aware of the medicines arrangements for each person in the homes.

Records also showed there were monthly manager meetings in place to review the quality of service being provided. The operations manager told us "Each week I have a meeting with the team members to discuss any goals not being achieved and how I can support them. This is what I base my action plans on for the month. Each month I have a meeting with the manager and their teams to support them and to monitor performance."

The service also had a central team within the organisation which supported the office. This included the finance department, marketing manager, recruitment manager and an operations manager. This demonstrated there was a shared understanding between managers and staff of the challenges and achievements and that there was resources and support available to develop the service and continually drive improvement.

The provider told us and records showed they were involved with community initiatives and communicated their services to relevant stakeholders. For example the service had a Community Liaison Manager who was dedicated to creating a good relationship with the office and integrate the service within the local community. Records showed the service awarded a financial grant to a local volunteer service in Dartford. Biannual newsletters were also sent to people using the service and stakeholders which meant that the service maintained good links with the local community.

