Buadu Limited

Bluebird Care (Havering)

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

About the service:
The service is based in the London Borough of Havering. The service provided personal care to adults living in their own homes. At the time of our inspection, 48 adults used the service.

People's experience of using this service:
• People and their relatives thought the care provided from the service was safe. One person told us, "I do feel safe. I am very, very happy with them (service). If it wasn't for the carers I couldn't live here. They make me feel very comfortable in my own home."
• The service worked with local communities and organisations to support people with activities at no additional cost to people.
• Care plans were person centred and detailed people's support needs. Relatives were also able to access care plans remotely to view tasks carried out by staff and check if staff had attended calls.
• Risks associated with people's needs had been assessed. However, further improvements were needed with risk assessments. We made a recommendation in this area.
• Systems were in place to ensure people received care in a timely manner.
• Medicines were being managed safely.
• Systems were in place to ensure staff attended calls and pre-employment checks were carried out to ensure staff were suitable for the role.
• Staff had the knowledge and received the support they required to meet people's individual needs.
• People received care from staff who were kind and compassionate.
• Staff understood people's needs, preferences, and what was important to them.
• People's independence was promoted and their privacy and dignity was respected.
• Complaints were managed appropriately.
• People and staff were positive about the management and the service. There was a quality assurance system in place to identify shortfalls and take action to ensure people were safe.
• The service met the characteristics for a rating of 'Good'. Therefore, our overall rating for the service after this inspection was 'Good'.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
• At the last inspection on 15 November 2016 the service was rated 'Good'. The report was published on 22 December 2016.

Why we inspected:
• This was a planned inspection based on the rating of the last inspection.

Follow up:
• We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Bluebird Care (Havering)

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and 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.

Service and service type:
This service is a domiciliary care agency. At the time of the inspection, the services provided personal care to adults living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Our inspection was announced. We gave the provider 48 hours' notice as we needed to be sure someone would be available to support us with the inspection.

What we did:
• Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contact the local authority for information.
• The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.
• During the inspection, we spoke with six people, six relatives, the registered manager, operations manager,

office manager, care coordinator and five care staff.
• We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments, and five staff files, which included pre-employment checks.
• We looked at other documents such as medicine, training and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents.
• People and relatives told us people were safe. A person told us, "I have always felt safe, they just seem to know exactly what to do and they seem assured." A relative told us, "I definitely feel that (person) is safe with all the carers. They are so kind to (person) and patient. There is nothing I am uncomfortable about."
• Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Assessing risk, safety monitoring and management:
• There were risk assessments in place for moving and handling, falls, skin integrity and the environment. This was recorded in a digital format, which enabled staff to have access to risk assessments remotely and receive updates from management.
• However, some people's specific health conditions had not been robustly risk assessed.
• People with a history of strokes or at risk of blood clots or urinary tract infections (UTIs) lacked risk assessments.
• Some staff told us they were unsure of risks associated with some medical conditions. When asked about the potential risks associated with a specific medical condition, three staff members told us they had not received training so were unsure of what risk or symptoms to look out for.
• We fed this back to the management team who told us that they would ensure risk assessments were put in place. Records showed that this was also identified as part of management audits and plans were in place to improve risk management.

We recommend the service always follows best practice guidance on risk management.

Using medicines safely:
• People received their prescribed medicines safely. A person told us, "They give me my tablets. I do get a bit forgetful and so they give me my tablets from a blister pack every morning and evening."
• Staff completed a Medicine Administration Record (MAR) when the person had taken their medicine. This was recorded electronically through the providers digital monitoring system to ensure staff completed MAR accurately.
• We checked MAR charts and found that people received their medicine as prescribed.
• Audits were carried out by the manager and operations manager to check that medicines were being managed in the right way.
• PRN, which are medicines to be given when needed, were administered as required.
• Staff had been trained on medicine management and were confident with managing medicines. A staff

member told us, "We have spot checks and observed practice for medicines."
• Staff were able to tell us what they would do if an error was made with medicines such as checking if the person was ok, letting the management team know and if required, contacting the person's GP.

Staffing and Recruitment:
• People and relatives provided positive comments about staff deployment. A person told us, "They [staff] are brilliant. There are about three carers who rotate. They are on time and perfect in every way. There is one who has been with me from day one and I asked if I could have them all the time and they have let me have them visit a lot."
• Systems were in place to monitor staff time-keeping and attendance to ensure staff were not late and missed calls were minimised.
• Rotas were sent in advance to staff to ensure they had adequate time to plan travel. We saw rotas that showed staff were given time to travel in between appointments to minimise lateness. A staff member told us, "There's enough time."
• Where people needed support from two staff members, rota's confirmed that two staff were scheduled to support people when required. Staff confirmed this also. A staff member told us, "If the other carer is late or there is a problem, then someone from the office comes out. They will always find someone to help."
• Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of five staff.
• Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out. A relative told us, "Whatever Bluebird's criteria for recruitment, they have definitely got it right. They are all respectful, cheerful and navigate their way around what you need and your home. It couldn't be better."

Preventing and controlling infection:
• Systems were in place to reduce the risk and spread of infection.
• Staff had been trained on infection control.
• Staff confirmed they had access to Personal Protective Equipment (PPE).
• People and relatives confirmed that staff used PPE when supporting people with personal care. A person told us, "They wear a uniform and name badges. They wear the gloves and have different coloured aprons for different jobs. They change the gloves and aprons between jobs. For example, if they help me shower they change the gloves between that and getting my breakfast."

Learning lessons when things go wrong:
• Systems were in place to manage incidents and used this to learn from lessons.
• The registered manager and staff were aware of what to do if accidents or incidents occurred.
• The registered manager told us that incidents were taken seriously and were reviewed to identify if lessons could be learnt. This would ensure the risk of re-occurrence was minimised.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
• The service assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on their care plan. This was recorded on an digital format and any updates could then be sent to staff to ensure people received effective care.
• This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience:
• People and relatives told us that staff were suitably skilled to support people. A person told us, "I do think they are well trained." Another person told us, "I have (health condition) and they seem to know exactly what to do. I don't know whether they have had any specific training, but they do seem to understand."
• Staff were supported with training and an induction. Mandatory training included safeguarding, dementia, infection control and moving and handling.
• New staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people and their relatives. A staff member told us, "Induction was helpful, yes."
• Staff told us that they were happy with the training they received. A staff member told us, "If you're not confident in something you can ask for a refresher at any time. Also, a staff member will work with you and show you how to do it."
• The registered manager told us that staff were important to the service and they were planning to train staff as 'Care Champions' to ensure people received high quality care and encouraged staff to view "Care as a Career", which would also help to retain staff.
• Staff had received supervision and appraisals to identify training needs and support them when required.
• Staff felt supported. A staff member told us, "We can talk to them (management) any time we want. We have meetings for all staff. Everything's confidential. Feedback is verbal and then recorded on system and signed by staff."

Supporting people to eat and drink enough to maintain a balanced diet:
• People were given choices with meals when supported by staff. Information in care plans included that people should choose their meals. A relative told us, "I do have high expectations and specifically want (person) to have fresh foods and fruit and vegetables. They are following these requests and have put it all on their notes."
• Care plans included the level of support people would require with meals or drinks. Information on one care plan included, 'Make sandwich and leave it to have later. If run out of bread then go to shops and buy.'

Supporting people to live healthier lives, access healthcare services and support:
• Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
• Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A staff member told us, "I can tell if someone is not quite right. If the environment is unsafe or they seem unsafe, I report to the office."

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people, such as relatives and professionals.
• Staff had received training on the MCA and were aware of the principles of the act.
• Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "Let people decide what they want to do for themselves first. You don't assume they don't have capacity."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People and relatives told us staff were caring. A relative told us, "The morning carer is very patient and kind with (person) and the lunchtime one is good too. Overall the service is quite good."
• Staff told us they used care plans to find out about people in order to get to know the person and build positive relations with them. A staff member told us, "Communicate with them (people). Sometimes as a new carer, you need to build slowly, get to know them and involve the family if they are there, so you build relationships."
• People and relatives confirmed that staff had a good relationship with people. One person told us, "We have a laugh about things and have nice long chats. I enjoy their visits." Another person commented, "We talk about everything and anything, my life and our families. We get on extremely well."
• The registered manager told us they sent people's regular carers should if they were to go to hospitals or respite care in a care home. We were shown a comment from a relative whose family member was on respite care, which included, 'Bluebird have arranged for (staff member), one of (person) carers to visit (person) a couple of times at Bluebirds expense. (Person) greatly, enjoyed these visits, they cheered (person) up no end.'
• People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A staff member told us, "I don't treat anyone differently because of their beliefs or if they are LGBT (Lesbian, Gay, Bisexual, Transsexual). It's important to treat people how you want to be treated."

Supporting people to express their views and be involved in making decisions about their care:
• People and relatives confirmed they were involved in making decisions about the care and support people received. A relative told us, "When they first came out they were very considerate and nice and had a little chat about what (person) wanted." Another person told us, "I can do a lot myself. Sometimes I have a strip wash and sometimes a shower. I decide."
• Staff told us people made decisions for themselves while being supported. A staff member told us, "We encourage them (people) and you can see they are happy when they achieve something."

Respecting and promoting people's privacy, dignity and independence:
• People and relatives told us that people's privacy and dignity was respected when staff supported people. A relative told us, "They are very good and respectful and keep (person) covered and maintain privacy."
• Staff told us that when providing support with personal care, it was done in private. A staff member told us, "If I'm giving a wash, then I cover them to keep their dignity. I close curtains."
• Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal

care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.

• Staff encouraged people to be independent. A person told us, "We work together, me and my carer. For example, she makes my bed while I'm on my chair. She helps me undress. I wash my front and she does my back. I do feel, well it's my body and I'll tell you how I want it done and they respect this."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received personalised care that was responsive to their needs. A relative told us, "(Person) was in hospital after several falls and wasn't able to come out until the care was in place and they were very flexible and responsive. There was no waiting or hanging on for them. They were able to put the care in place."
• The service found creative ways to ensure people were in the best of health as long as possible. The service ran a 'Keep cool campaign', encouraging people to be hydrated during hot weather by providing water at no cost. They also had a 'Keep warm campaign' whereby blankets were given to people, in partnership work with a retailer during cold months. The registered manager told by providing blankets it keeps people warm during cold times especially if they cannot put the heater on so any risks to their health was minimised.
• The provider worked closely and innovatively with other organisations for the benefit of people. For example, they worked with the Alzheimer's Society to organise activities. One of the activities was 'Singing for the Brain' and we were shown photos of people attending these events. The registered manager told us this had a positive impact for people particularly, those with dementia as it encouraged people to go out and helped with their dementia. Comments from a relative of a person that attended the activity included, '(Person) really enjoys the afternoon outing saying how lovely, welcoming and friendly everyone there is. This afternoon has had such a positive impact on (person's) life with the Monday featuring weekly on (person's) calendar!" This meant that the service found innovative ways to ensure people could lead more full and meaningful lives.
• The service organised a number of social events for people and the local community. These included fundraising events for charities managed by staff and 'fun days' for people and the local community. The registered manager told us they gathered feedback from people on activities they would like to be involved in and through this were planning to hold a 1970's themed party for people as it will allow people to meet each other and have fun.
• The service was also working on further innovation to improve care to people. The registered manager told us they were in the process of training staff on monitoring and checking people's health should they become unwell. The findings of this would then be sent to the GP to assess the findings and determine if further action was required. The registered manager told us that once rolled out, this would have a positive impact on people's health. This is because the checks would be carried out by staff at an early stage and may minimise the risk of health complications thus enable people to receive person centred and responsive care.

• Care plans were personalised and contained information on people's support needs and backgrounds. Information on one care plan included, 'Care worker give me a full body wash. I am able to sit on the edge of bed or commode.' A staff member told us, "Everything is documented in the care plan. It's very detailed and give specific instructions to help me with care."
• Care plans were in a digital format which, with people's consent, relatives could access remotely. A relative told us, "They have the OpenPASS (digital care planning) app on the phone, which is invaluable. I can look

and see if they have been and they document everything really well. It's invaluable especially for example next week when I am away on holiday and I can keep up to date with how things are going."
• There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. Information on one daily log sheet included that a person should be encouraged to drink water daily to minimise the risk of health complications. This meant that people received continuity of care and staff monitored their health.
• People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. In one care plan, information included, "Speech not clear, carers need to be patient and use communication board if needed." Another person had requested a carer be allocated that spoke a specific language and a carer was allocated based on their request.
• Materials, such as a picture exchange communication, were used to communicate with people that had communication difficulties to ensure people had access to information.

Improving care quality in response to complaints or concerns:
• The provider had a complaints procedure which they followed.
• All complaints were recorded along with the outcome of the investigation and action taken.
• People and relatives were aware of how to make complaints. A person told us, "I have never had to make a complaint, but I think they would take any complaints seriously."
• Staff were able to tell us how to manage complaints. A staff member told us, "There is a complaint's form in people's homes but if they told me about a complaint, I would report to the office. If people are not happy we encourage them to speak about it."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe.
• Audits had been carried out on care plans, medicine management, care visits, staff files, training, infection control and health and safety to ensure people received timely personalised high-quality care.
• We found shortfalls with risk management. Records showed this had been identified as part of the operation manager's audits and a deadline was in place to make improvements.
• We found the branch manager's audits had not been recorded. This meant it would be difficult for the service to monitor audit findings and follow up on actions from the audits. We were informed by the provider that audit templates would be created and audits would be recorded for future use. We were sent evidence of these templates after the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• There was an effective system to gather people's and staff feedback on the service.
• Meetings were held to address and discuss people's and relative's concerns about the service.
• Staff and management meetings were held to share information. A staff member told us, "We have staff meetings, they are very useful." Meetings were also held with managers from the provider's other services to share idea's learning and best practices.
• The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
• People and relatives told us they liked the service. A relative told us, "If I have a query I tend to contact them by email and they come straight back to me always. (Managers) are both very nice. I think they are a brilliant service, nothings a problem." Another relative told us, "I think they are very well-led and I recommend them to others."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Staff told us the service was well led. One staff member told us, "Any problem we can pick up the phone or call the office. They really help. They are very nice always ready to help." Another staff member commented, "They (management team) are excellent, I am supported always. So easy to talk to I get on well with all of them they are more like colleagues than managers."
• Staff were clear about their roles and were positive about the management of the service and felt they

could approach the management team with concerns and this would be dealt with.
• There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff were passionate in supporting people.

Continuous learning and improving care:
• Quality monitoring materials such as surveys were sent to people, staff and relatives to obtain their thoughts about the home and acting on their feedback where possible, to create a cycle of continuous improvement.
• The registered manager told us that they were always looking at ways of improving care to people and had introduced various initiatives such as early stage interventions, training staff to be care champions and organising fundraising events and activities for people.
• This meant that there was a culture of continuous improvement to ensure people always received high quality care.

Working in partnership with others:
• Staff worked in partnership with other agencies.
• With people's consent information was shared appropriately using the digital monitoring system to share information with other agencies so that people got the support they required and staff followed any professional guidance provided.