Buadu Limited

Bluebird Care (Hillingdon)

Inspection report

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11 February 2020

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Bluebird Care (Hillingdon) is a domiciliary care agency. It provides personal care and support to adults living in their own homes in the community. Not everyone using Bluebird Care (Hillingdon) receives regulated activity; the Care Quality Commission (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. At the time of our inspection the service was providing care to 50 people.

People's experience of using this service
People felt safe, were happy with their care and support and told us staff were caring. People received consistent care from the same staff so they could develop trusting relationships with them. People told us staff treated them with respect and dignity.

There were systems in place to monitor the quality of the service, recognise when improvements were required and take action in response to these. However, the service had not always informed the CQC of important events, as required by the regulations.

People received care and support to meet their needs. People had care and risk management plans in place which set out their likes and preferences for their care and their communication needs.

People were supported to be healthy and to access healthcare services. This included some trained staff providing an additional service to help people measure and monitor their health on a regular basis.

Staff supported people with their food and drinks appropriately, if they required this. Staff received training, support and supervision to provide care and meet people's needs.

The provider had a suitable process in place for handling complaints and responding to these in an appropriate manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff were able to give feedback and felt they were listened to when they did. The provider used this to develop the service. The service worked with other agencies to make sure people received joined up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
The last rating for this service was good (published 10 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.	**Requires Improvement**

Bluebird Care (Hillingdon)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.
The service had two managers 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
This inspection was unannounced.
Inspection activity started on 10 February 2020 when we visited the office location.

What we did before the inspection
We looked at the information we held about the provider, which included information about important events the provider had notified us about what had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the two registered managers, the branch manager and a care coordinator. We also spoke with five care workers. We looked at the care records of the six people who used the service and the staff records for six care workers. We also looked at a variety of records to do with the running of the service.

After the inspection
We requested more information from the provider and continued to seek clarification to validate evidence found. We reviewed comments people had written online about the service. We spoke with six people who use the service and two people's relatives. We also spoke with three staff.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and processes in place to protect people from the risk of abuse. People said they felt safe and relatives told us they thought their family members were safe, too.
- Staff had completed safeguarding adults training and knew how to recognise and respond to safeguarding concerns. Staff we spoke with described examples of doing this. Staff were confident they would be listened to by their seniors and managers when they raised concerns. When asked this, one care worker told us, "Yes, 100%." Staff also knew about whistleblowing processes and how to escalate concerns to other agencies if necessary.
- We saw the registered managers investigated safeguarding concerns thoroughly, transparently and in partnership with statutory agencies, including the local authority and the police. For example, when there were concerns about handling a person's money or a person may have been the victim of a crime by a member of the public. Investigations identified learning to minimise the risk of concerns re-occurring and these were shared with staff.

Assessing risk, safety monitoring and management

- The provider completed risk assessments to assess and reduce risks to people's health, safety and well-being. These included considerations of a person's care, mobility and health needs. The assessments informed people's care plans and set out how staff should support people to mitigate these risks. We saw the branch or registered managers reviewed the risk assessments and plans on a regular basis. People's plans also noted if a person had any allergies staff needed to be aware of.
- Where people were living with a health condition, the provider had given staff information on what this meant for the person and how to support them in an emergency. Staff also told us they could securely access information about supporting people safely through the provider's digital care planning system.
- The provider assessed people's homes to help make sure they were safe for staff and the person. These included checks on electrical sockets, heating and utility equipment and fire or smoke alarms. There were fire evacuations plans in place.

Staffing and recruitment

- The provider used a digital rostering and care visit monitoring systems to help ensure sufficient numbers of staff were deployed to meet people's needs safely. Care co-ordinators told us they tried to arrange for staff to visit people who were near each other, so staff had to travel less between care visits. Deployment records and staff we spoke with confirmed this and one care worker told us, "They are keeping me pretty close." We saw the registered managers had restructured staff deployment to better accommodate this working and this had led to people experiencing fewer late care visits.
- Most people told us care staff always came on time, whereas a few people told us care staff were

occasionally late by up to 30 minutes. However, people said the provider did not always let them know if staff were running late. We saw the managers had identified this and had taken action to make sure people were called.

● People said the same care workers visited them consistently, which they appreciated. This meant people could develop a trusting relationship with the staff supporting them. People told us, "I do get them regularly" and "That is much better as you get to know them, and they get to know you." People told us the provider informed them when someone new to them would be visiting to provide their care.

● People and staff said the staff had enough time and did not need rush their care visits. One person said, "They go at my pace." Another person added, "Occasionally [the care worker] does a bit of hoovering to make the time up. [They] stay the whole time."

● The provider had appropriate recruitment processes in place and roles were only offered to fit and proper applicants.

Preventing and controlling infection

● There were appropriate arrangements for preventing and controlling infection.

● Records indicated staff received training on infection control and prevention and staff confirmed this to us. Staff had access to personal protective equipment such as gloves, aprons and hand sanitisers. Staff told us the provider always kept supplies at the office and this was readily available to them. The registered managers promoted infection control practices at team meetings and encouraged staff to access flu vaccinations.

Using medicines safely

● The provider had appropriate processes in place to help make sure people received their medicines.

● People's care plans provided information about their prescribed medicines and the support they required to take these. There was guidance for staff on when they should support a person to take 'when required' medicines. These medicines are those given only when needed, such as for pain relief or in an emergency.

● Medicines administrations records (MARs) set out the necessary information for the safe administration of people's medicines and we saw staff had completed these appropriately when they supported people.

● Staff had received training in providing medicines support to people and the provider had assessed their competency to do this safely. Staff told us they had also completed refresher training for this, which records confirmed.

● The registered manager conducted monthly audits of the MARs and daily care records to check staff supported people with their medicines effectively. The digital care planning system promptly alerted office staff if a person had not been supported to take their medicines. The registered manager explained this had enabled the provider to reduce significantly the number of medicines errors people experienced. There had been one recorded medicines support incident in the last year. We saw the registered manager had investigated this appropriately and taken action to reduce the chance of if happening again.

Learning lessons when things go wrong

● There were procedures in place for responding to and learning from incident and accidents.

● The registered managers maintained a record of the incidents or accidents staff reported. The registered managers reviewed these events to identify learning to reduce the risk of recurrence and shared this with staff.

● We saw the branch manager had create a 'Learning Alerts' area at the office. This promoted staff awareness of good practice issues based on learning from incidents in the service or from the wide adult social care sector. For example, there was clear information on supporting people to use inhalers safely to promote good oral hygiene.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by trained and competent staff. Managers and care staff we spoke with were knowledgeable about people's support needs and felt the provider supported them in their roles. People and relatives said they were happy with the staff who visited them.
- New staff completed an induction and training before managers confirmed them in post, which included completing the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. New staff shadowed more experienced staff before the managers considered them competent to work on their own.
- Staff had completed a mix of online and room-based training so they were competent to support people and told us they found this helpful. Records indicated staff had completed a range of training and attended regular updates of this. This included emergency first aid support, fire safety, colostomy care, dementia understanding, mental capacity awareness, epilepsy support, handling people's information, and moving and positioning people safely.
- We saw staff had periodic supervisions with their managers and annual appraisals. Staff told us they found their supervision sessions helpful and they felt supported. One carer said, "You get a lot of support which is what you need when you work in a team."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's care support needs to decide if the service could support them safely and effectively. This included assessments of people's personal care, health, medicines, mobility and pressure ulcer care. These informed people's care plans. For example, when a person required support with a catheter this was then included in the care tasks for staff to complete with them.
- The assessments of people's needs included personalised information about them, such as their likes and dislikes and their preferences for their care as well as information about their age and ethnicity.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their meals and drinks appropriately, when this was part of their planned care arrangements. People's care plans set out what foods they liked and how they liked to be supported with this. For example, we saw lists of what people preferred for their breakfast.
- Records of people's daily care showed what food staff had offered them and what they had eaten. People told us they chose the food staff prepared for them.
- One person told us the provider also delivered bottles of water to people during periods of hot weather to make sure they had enough to drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to maintain their health and access healthcare services.

● Records of people's care indicated staff supported them with changes in their health and care needs, such as contacting and working with district nurses or people's GPs. People told us staff helped them liaise with healthcare professionals, for example helping them speak to professionals on the telephone or make appointments. One care worker described to us the importance of keeping appropriate daily records of care as, with a person's permission, these can also help visiting professionals to understand a person's current well-being. We also observed during our inspection one of the registered managers visit a person in response to concerns the person was feeling unwell.

● We saw people's care plans set out the help they needed to brush their teeth and maintain good oral hygiene.

● Some people had a hospital passport which described their care and support needs and what was important to them. This document can give healthcare professionals relevant information about a person's health needs, likes, dislikes and preferences, especially when they cannot speak for themselves. This helped to promote joint-working with others in the event of a person having to go to hospital.

● The agency had trained a member of staff to provide an optional service to people to measure and monitor their health on a regular basis. This meant staff could identify issues, such as abnormal blood pressure, and promptly support people to seek the necessary healthcare support. For example, staff noted a person had an elevated temperature and contacted their GP, who was able to diagnose and treat the person for an infection. The registered manager told us the monitoring service gave people some reassurance about their health and well-being.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People were being supported in line with the principles of the MCA.

● People had signed their care plans to indicate they consented to their planned care arrangements. Where a person lacked the mental capacity for this and someone, such as a relative, had agreed on their behalf, the provider had sought proof the relative had the legal authority for this.

● We found some people's care plans recorded both their consent and that someone else might have the legal authority to do this, such as a Lasting Power of Attorney (LPA). An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We discussed this with the registered manager. They said they would ensure records indicated more clearly when arrangements for someone else to act on a person's behalf were not yet active as the person was still able to make their own decisions.

● Staff had completed MCA training and understood how to seek people's consent and respect people's choices about their care. For example, staff described supporting people sensitively who may want to refuse their prescribed medicines.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider worked to make sure staff treated people with kindness and respect. People and relatives spoke positively about the care staff. People told us, "[Care staff] are so nice, lovely. There is nothing they won't do for me," "[Staff are] very, very good," and "[My care worker] makes sure I am comfy and happy."
- Staff spoke with affection about providing care to the same people regularly and treating them well. During our visit we observed office staff speaking with people on the telephone in a friendly and patient manner.
- People's care plans set out some personalised information about a person's background, life history and how they preferred staff to address them.
- Staff had received training in promoting equality and diversity in their work. People's care plans recorded information about their characteristics, such as their disability, marital status and religious beliefs. The registered manager told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.

Supporting people to express their views and be involved in making decisions about their care

- People's care and risk management plans showed they were involved in planning and reviewing their care. This gave people the opportunity to make decisions about their care and support arrangements. Relatives also told us, where appropriate, they were involved in the planning and reviewing of their family members' care.
- Records of daily care showed when staff had supported people to make choices about their care and support. For example, what they wanted to eat and drink, where they wanted to move to or wear. Staff described how they were aware of and respected a person's preferences for their support, such as how they preferred their personal care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. When asked people's comments included, "Oh yes, they really are polite", "Very polite and respectful," and "Definitely, [staff are] very, very nice. Always introduce themselves, very lovely."
- Staff described how they treated people with dignity and respect, such as when supporting a person to wash or dress. This included making sure the area was private, telling the person what they are doing each time they helped them, and asking if they were ok with their care. Care workers told us, "I remember that is their home, we are guests," and "Treat people as you expect to treated back. You have respect for their

homes and belongings."

● The provider's systems for recruiting staff and monitoring the service also supported treating people with dignity and respect. Applicants for care worker roles were asked at interview how they would promote this for the people using the service. Feedback questionnaires completed by people in August 2019 showed they felt treated with respect and dignity.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received care and support in a planned way that recognised and reflected their individual needs and personal preferences.

● People's care and risk management plans set out personalised information about them, such as some background information about a person's past, their likes, dislikes and preferences. For example, one person's care plan described how a person preferred to take their medicines. Another person's plan stated how they wanted to wear clean night clothes for bed each day. Staff demonstrated to us how they accessed people's care plans on mobile devices. This enabled staff to have up to date information about what care to provide to a person and how. One care worker told us, "It's fabulous, it's all there."

● We saw and people told us they directed their care and support and the provider was responsive to their requests to change this. For example, when a person needed to cancel or re-arrange a care visit so they could attend appointments. People also said they appreciated their care arrangements and care workers staying the same as this met their needs.

● Daily records of care showed people received their care as planned. The records also described a person's well-being during the care visits and other information, such as support provided for health appointments or when a health professional or relative had passed on important information about the person's care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People who used the service did not experience any specific communication difficulties. However, their communication needs were identified and recorded in their care plans and supported by staff. For example, a care plan stated if staff needed to give a person time to reply or communicate with them.

● People's plans identified the support they needed where they had a sensory impairment. For example, care plans set out if people wore glasses or used and a hearing aid and the help they needed with this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff provided an outreach service to some people so they could access activities that were meaningful to them, when this was part of their contracted care arrangements. This encouraged social contact and helped reduce the risk of them experiencing social isolation. For example, staff had supported a person to start

accessing their community and go to the theatre after they had experienced a period of not wanting to leave their house.
● We saw the provider had arranged a number of communal activities for people since our last inspection, beyond people's contracted care arrangements, which enabled people to socialise. These included organising and supporting summer tea parties and Christmas dinners with entertainment.

Improving care quality in response to complaints or concerns
● The provider had appropriate policies and procedures in place for handling complaints.
● There had been two complaints recorded over the last year. Records showed managers had investigated and acted to resolve the concerns people had raised in a timely manner.
● The registered manager told us they gave people information about making complaints when they started to use the service and then asked for feedback at each six-monthly care plan review. Some people we spoke with were not sure the provider had given them information on how to make a complaint. However, people knew how to raise issues or concerns and told us the provider resolved these satisfactorily.

End of life care and support
● No one was receiving end of life care at the time of our inspection.
● Some people's care plans recorded when a person had set out their wishes should they become seriously ill suddenly or need care at the end of their life, such as an advanced statement. However, some people's care plan records were blank in these areas. The registered manager said these people had declined to discuss such matters or had no arrangements in place. We discussed this with the registered manager and they said they would make sure they recorded this more clearly for these people.
● Records showed staff had completed training on providing end of life care and staff told us this as well. One care worker had done this recently and remarked, "It was a good refresher."

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent as the provider had not always informed the CQC of important events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were aware of the regulatory requirement to inform the CQC of important events and had mostly done so since the last inspection. However, we found they had not informed us of a safeguarding adults concern that involved the police. We found they had responded robustly to this and there was no evidence this had impacted on the care people had received. The CQC is still considering what action it needs to take in relation to this matter.
- The provider used a range of systems to check on and maintain the quality of the service. Monitoring systems included unannounced spot-checks of care workers' performance. People and staff told us these took place periodically and records confirmed this. We saw these checks identified observed good practices by staff, such as positive interactions with people who used the service.
- The registered manager had systems in place monitor staff training, supervisions and appraisals to help make sure these took place when required. Managers completed regular audits of people's care and staffing records to help ensure these were kept up to date. For example, the audits noted and corrected when care plans needed updating and confirmed new staff recruitment checks were in place. The registered manager also showed us a new self-assessment tool they planned to complete every three months to provide them with further oversight of the service.
- The provider displayed the previous inspection ratings at the branch office and on their website.
- The provider had processes in place to respond in an open manner to concerns about people's care when things may have gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers and staff described a commitment to and support for providing a good service. The registered manager told us, "When we receive lovely compliments from carers and staff it makes me feel very proud and positive." Staff told us, "I love it. I love the customers, the staff, the office," "It's the best company I have ever worked for," and "I really like working here." The provider ran schemes to recognise and reward staff performance. One registered manager had won the '2019 manager of the year' and another member of staff we spoke with had recently been awarded 'carer of the month'. This promoted a culture of providing a good service to people.
- People spoke positively about the service and how it met their needs. Their comments included, "I find them very good - they do all they have to do," "Wonderful, really wonderful" and "Absolutely spot on." We

saw office staff had also created a wall of compliments staff had received from people about their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff had opportunities to influence the running of the service.
- The provider sent people questionnaires each year to understand what people thought of the service. Questionnaires completed in August 2019 indicated people were satisfied with their care and the staff who visited them.
- The managers regularly asked for and recorded people's and their relatives' opinions about their care when they conducted staff spot-checks. People told us the senior staff also visited them periodically to ask them if they were happy with their care.
- The managers held periodic team meetings to discuss the service, developments and improvements required. For example, managers and staff reviewed staff punctuality and improving travel time for care workers at recent meetings. Staff also completed annual satisfaction questionnaires to provide feedback about the service.
- The provider looked to continuously improve the service. For example, we saw a registered manager held focused workshops with staff to reinforce the learning from incidents and investigations to make sure these lessons improved practice. The registered manager explained how the regular audits had helped them to identify improvement actions, such as the staff recognition schemes to improve staff retention. We saw the provider had acted to call people to let them know if their care worker was running late in response to their feedback.
- The provider supported the local adult social care sector by fundraising for charities, such as those supporting local family carers and services for people living with dementia.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, managers, GPs and other healthcare professionals, to help to provide coordinated care to people.