Michaelandtaniahackett Limited

Bluebird Care (Islington) & Bluebird Care (Hackney)

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

Bluebird Care (Islington) & Bluebird Care (Hackney) is a domiciliary care agency providing support to adults in their own homes in Hackney and Islington. At the time of the inspection there were 75 people using the service.

The service was last inspected in November and December 2015 and was rated Good. However, the service needed to make improvements to be safe. The written risk assessments needed to be clear and accurate to keep people safe from the risk of harm. At this inspection we found the service remained Good and the service had made the necessary improvements to risk assessments to keep people safe from harm.

People felt safe and were protected from the risk of abuse. Staff were knowledgeable about safeguarding adults procedures and knew what to do if they had concerns about the people using the service. The staff were suitable to work in the caring profession and were recruited appropriately.

People were protected from risks to their health and wellbeing because risk assessments were accurate and provided sufficient detail to staff about how to manage specific risks.

Medicines were well managed and the service conducted regular audits of medicines administration.

There were enough staff to meet people's needs, however people reported staff were sometimes late for visits. Staff were trained to carry out their roles and newly appointed staff were supported in their role by a robust induction period. Staff developed compassionate relationships with people using the service and respected their diversity and dignity.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

People and their relatives were involved in planning their care and care records included information about people's background, likes and dislikes and promoting their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a positive and open culture at the service. People using the service and their relatives felt they could raise concerns if necessary. The service had various quality assurance and monitoring mechanisms in place to improve the quality of care delivery.

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. Risks people faced were identified and detailed plans were completed about how to manage the risk.

The provider did all that was reasonable to protect people from the risk of potential abuse.

Medicines were managed safely.

There were enough staff to meet people's needs, however it was reported that sometimes staff were late to visits.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Bluebird Care (Islington) & Bluebird Care (Hackney)

Detailed findings

Background to this inspection

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

The inspection took place on 29 September and 2 October 2017 and was unannounced. The provider knew we would be returning for the subsequent day. The inspection was conducted by one inspector.

Before the inspection we reviewed the information we held about the service and statutory notifications received. We spoke to the Local Authority safeguarding and contract monitoring teams to gather their views about the service.

During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with two directors, the manager, the recruitment and training officer, an administrator and five care workers. We looked at seven people's care records, and five staff files, as well as records relating to the management of the service. Subsequent to the inspection we made a telephone call to two people and three relatives.

Good

Is the service safe?

Our findings

At our last inspection in November 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because written risk assessments needed to be clear and accurate to keep people safe from the risk of harm.

At this inspection we found that the provider had made the necessary improvements to protect people. People were protected from risks to their health and wellbeing because staff were aware of the risks people faced and how to mitigate them. We saw a wide range of comprehensive and up-to-date risk assessments in people's care files such as those relating to nutrition, falls and moving and handling. More specific risks had been identified for each person and the associated risk assessments and care plans provided staff with clear and detailed guidance and direction on how the person should be supported. For example care plans for supporting people at risk of pressure ulcers or diabetes guided staff about how to monitor the person for deterioration in their health and what to do in these circumstances.

There were effective risk assessments to support people whose behaviour may challenge the service and staff told us how they followed these to better support the people they cared for. A member of care staff told us about their work, "I keep talking to them. They are frustrated, it's not their fault. Most have dementia they don't know what's happening at that time. I talk to them about their past as they tend to remember that more than what's happening now. I get them relaxed, go for a walk and have a conversation with them."

There were enough staff to meet people's needs however, feedback about staff arriving on time was mixed. One person told us, "There are enough staff I don't have any problems with them coming." However, a relative told us, "There is enough staff but they are sometimes 15 minutes late." A recent survey of people and relatives found 15 per cent of calls were not on time but the majority of people were informed that the care worker would be arriving late. The office staff would be alerted by their computer system if the visit was late or missed and called the person to inform them. The provider was aware that further improvements were required in this area and was in the process of compiling reports from their computer system to identify root causes of lateness and was undergoing a recruitment process to address the concerns. Staff told us that the rotas were accurate and received in good time and they were able to make the visits scheduled. Rotas we reviewed confirmed this.

People were protected from the risk of abuse. People told us they felt safe during care workers' visits and knew who to contact if they had any concerns. A relative told, "Yes, they are safe. They know what they're doing." Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse and when to report it to the manager. We noted that safeguarding adults from abuse and whistleblowing were discussed with staff during team meetings. A staff member said, "There's physical, mental, emotional, sexual, financial. You need to report it to the office." Care staff were aware of their duty to report any concerns to their manager. The local authority safeguarding team and quality assurance and improvement team did not have any concerns about the service.

People were protected from the risk of poor practice because staff were supported to escalate concerns if

needed. Staff were aware they could contact the local authority safeguarding team, the Care Quality Commission and the police if they felt the matter was not dealt with appropriately internally but told us this had not been necessary since our last inspection. Staff were guided by an appropriate safeguarding policy which was available at the office and online. One member of care staff told us, "If they have a bruise, I'm alert. If they've been neglected, if they are frightened. I report it to the office and if I didn't get response from the office I can call CQC, if dangerous I can call the police and social services." The manager had a good understanding of their responsibilities in reporting allegations of abuse to the appropriate authorities and we noted that three incidents had been dealt with appropriately.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed three staff files that contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references.

Medicines were well managed. People told us they always received their medicines. Care staff had received relevant training and competency assessments to safely administer medicines and completed the medicine administration records we reviewed accurately. The provider audited the medicines on a weekly basis and we saw that the manager had taken appropriate steps to address any errors. Staff told us that if they had any concerns about medicines, for example a discrepancy between the prescription and the care plan, they would discuss this with the individual they were supporting and their family members and raise it with the office team and follow the advice received.

Good

Is the service effective?

Our findings

Staff were trained to meet people's care and support needs. Staff underwent provider-mandated training that was provided in-house by the recruitment and training officer. This training followed the care certificate. The care certificate is a recognised qualification that ensures staff have the fundamental knowledge and skills required to work in a care setting. Staff told us their training was refreshed and they could request extra training where needed. One staff member said, "I am supported by the team. If I don't know I will ask. If I need training on anything I do it. Such as about a hoist, they invited me back in and I understood it. If you ask for training you get it." A second staff member said, "Training, we have a lot, med admin, first aid, a lot of training. Understand every time they refresh us."

Newly appointed staff members underwent a robust induction to better understand how to support people. A new staff member said, "I had training for about four days. Then shadowing the same number of days. It was very useful. I've got all the knowledge and I study if I'm unsure." The provider had recently implemented a mentor service whereby new staff members could ask more experienced staff members about any issues and could receive feedback about their work. We noted training requirements were identified and followed up during supervisions and spot checks.

Regular supervision sessions provided a good forum to discuss staff performance and areas where further development was needed. Praise was given for a job well done. Annual appraisals were up to date and covered a broad range of assessment topics.

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

People were supported to live their lives in the way they chose. Staff supported people to make their own choices about their care where possible and otherwise involved family members and social care professionals in decisions about their care as appropriate. Staff were aware of how the MCA affected their work and were aware of who did not have capacity to make certain decisions. A member of care staff said, "Information about capacity is in the care plans."

Though people were mainly supported with food and diet by their family members, where the provider assisted people they ensured people had enough to eat and drink. A relative told us, "Yes, they always have their food and a cup of tea or water." People's detailed preferences about what they liked and did not like to

eat and the support required were captured in their care plans. For example a care plan stated, 'I like a cup of tea! I also drink water and juice. But please remind me to do this as sometimes I forget and it is important for me to stay hydrated. Nutri drink with a straw/beaker, staff hold the cup. I will need you to spoon feed me my food, please be patient with me if I am taking a while to eat.' Staff understood what they needed to do to support people. One staff member said, "[Person] stopped chewing and we monitored that and now we have to blend everything."

People were supported to maintain their optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as district nurses, mental health teams and GPs. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider and staff told us they followed these. Staff told us about how they monitored people for signs that they were becoming unwell and that they reported this to the office staff. One member of staff said, "The client may not want to eat, sit down not want to get up. Especially you have to be aware of people who have dementia they can't tell you. So you see their skin, pale or blue, their eyes. I'd call the ambulance in an emergency and call the office report it and they can report it to the family." People's care records we reviewed included contact details for their GP meaning they could be quickly contacted if the need arose.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. A person told us, "They are friendly, we have a good chat." A relative said, "They are very nice, treat [family member] well." Staff we spoke with had fostered a good relationship with the people they supported and spoke warmly about them. A second relative had told the service, "[Care worker] is very good. [Family member] really likes her. She goes the extra mile."

One staff member discussed how they developed a good relationship with one person they supported. "We speak, we chat. At first she was quite scared and frightened of me. I explained I am here to support you and be your friend if you allow me to. We kept talking about her history; it's in the care plan."

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. A relative told us staff knew how to communicate with their family member even though they did not communicate verbally. Care plans contained clear guidance about how to best support someone to share their views. For example, one care plan stated, 'Please be gentle and tell me what you are doing before you transfer me. I can be forgetful so please be patient with me and I will let you know what I want.' Staff we spoke with gave examples of how they communicate with people such as being attentive to people's facial expressions when giving people choices. A staff member said, "You try to communicate whatever you're doing. I tell them. 'Now I'm going to give you a shower. Let them know what you're intending to do. You ask them what they want to wear."

People's diversity was respected. People's religion was captured in their care plans. For example, one care plan stated, 'I go to Church and am friend's with the pastor. They are very helpful and spend time with me.' Staff told us how they supported people to pray depending on people's preferences. One staff member said, "If I go early [person] wouldn't want me to do anything because [they are] praying. Another person doesn't pray and we respect that." Care plans contained information about ensuring food met people's religious requirements. A display to promote privacy, respect and dignity was in the training room at the service.

People's privacy and dignity was promoted. A person said, "Yes, they always keep everything private. I don't feel uncomfortable." Staff took action to ensure this privacy. One staff member told us, "Most definitely, if I'm changing a pad or strip or flannel wash I can cover their private area."

People were encouraged to be as independent as possible and this was captured in their care plans. Staff told us they encouraged people to do what they were able. One staff member said, "I have to be patient. I'm a good listener. I encourage them to remember to show me what to do so that they do it."

Good

Is the service responsive?

Our findings

People's individual needs were appropriately assessed and met. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. The provider included people in planning their care where possible. Where appropriate, people's family or a social worker had signed these records to demonstrate their input and that care was being delivered in line with their best interests. A relative told us they were involved in planning their relative's care.

Care staff responded to people's changing needs by tailoring their support to them. Care records were written from the first person where appropriate and contained very detailed accounts of their personal preferences and circumstances. Care plans were reviewed and updated regularly. Changes in people's needs were monitored by staff and accurately recorded. For example a staff member told us how they supported someone differently following a change in their mobility needs. A second staff member said, "I will check the book to see if [person] had breakfast or a shower to see if the situation has changed. They might write [person's] unwell. It's good communication from one carer to another to read the book before you do anything. We found that [person's] not safe to walk. They'd lost weight. [There was a change in behaviour]. We called the office and they came to see the person and they're dealing with now. Social Services reviewed the care plan again."

Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. For example a care plan stated, 'I worked as a [job] for years. [My husband] played football. I enjoy watching TV and spending time with my family. [My husband] likes to do things for me and I enjoy him looking after me. He sometimes struggles as he is finding it tiring.' Staff were able to demonstrate that they knew the people they supported well. Staff told us, "The plans are detailed enough most of what you need is on the care plan."

The provider gave opportunities for people to feedback about the service and we noted that the complaints received since the last inspection had been dealt with appropriately and in line with the provider's policy. A relative told us they would be confident to raise a complaint if it was necessary and that this would be dealt with seriously though it had not been necessary to do so. The provider had conducted a survey which demonstrated 90 per cent of people knew how to make a complaint. Staff were aware that they needed to feedback any concerns that people had. A staff member said, "Would call the office and let them know of any concerns."

Good

Is the service well-led?

Our findings

There was an open and positive culture at the service. The manager was supported by the two directors, two care coordinators and two supervisors. The manager had applied to register with the Care Quality Commission at the time of the inspection. People told us they found office staff approachable. A relative had told the provider, "I'm happy, nothing is wrong. Rise to the challenges of the industry by excellent management." Staff reported they enjoyed their roles and morale was high. One staff member said, "I enjoy it. Very good." We noted that staff were given 'Carer of the quarter' awards to reward good practice and to help motivate the team.

Staff spoke highly of the manager, felt supported in their roles and were able to make recommendations about improving the care people received. Staff stated they worked well as a team and communication was crucial in order to improve the care they delivered. The provider fostered this approach through effective team meetings and supervision sessions. We noted that recent incidents were discussed in these forums. One member of staff said, "We have team meetings. We had pizza there and communal time. It was just us to voice our opinions, asked if we had problems." The provider was in the process of implementing a staff council and had appointed three staff representatives to discuss areas of concern or improvement with the management team. A second member of staff said, "It's a good team. If I have any trouble I just ring them. They are friendly."

The service was organised in a way that promoted safe care through effective quality monitoring. A range of audits, such as medicines and care plan audits were conducted and actions were taken to make improvements. We noted that errors were discussed with staff in supervision sessions. The office staff monitored the daily notes and care staff actions by monitoring the online computer system. In this way the provider could make rapid changes to people's care such as replacing broken equipment and rectifying a medicine error immediately. The provider monitored trends, such as an analysis of complaints to produce a quality improvement plan that was updated on a monthly basis. The provider undertook spot checks of staff to assess their competency in performing their roles. Staff and people we spoke with confirmed these happened on a regular basis. We reviewed records of staff being observed in their roles and noted that constructive feedback had been given in order for them to learn and improve.

The provider sought feedback about the service from people and their relatives through written surveys and developed action plans based on the responses. We noted feedback was mainly positive and 85 % of people were completely satisfied with the service and 98 % people would recommend the service to others. We noted that staff were given employee of the month awards to reward good practice and to help motivate them.