

BenJeMax Limited

Bluebird Care (Lewisham & Southwark)

Inspection report

Unit 42
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Tel: 02076351930

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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:

Bluebird Care (Lewisham & Southwark) is a domiciliary care service. It provides personal care to older adults and younger disabled adults living in their own home. At the time of our inspection they were supporting 19 people.

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

People's experience of using this service:

We received universally positive feedback from people and their relatives. People spoke warmly of the staff and described positive outcomes as a result of the support being provided.

People using the service received safe care from well trained staff. Risk assessments and care plans had been completed in detail and were clear, straightforward to use and regularly updated. People told us they felt very safe. Medicines were being managed well and staff followed good infection control practices.

People were supported to be independent and make choices. Staff supported people in the least restrictive ways possible and promoted their privacy and dignity. People had continuity of care from punctual staff who knew them well.

People had good relationships with their care workers and the management team. They told us that the office staff were approachable, responsive and could be relied upon.

There was a positive culture of person-centred, high quality care throughout the organisation. All of the records we saw had been completed in clear, meaningful detail and were up to date.

The provider communicated clearly with other services and health and social care professionals when required.

Rating at last inspection:

At the last inspection the service was rated Good. The report was published on 25 August 2016.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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 remained Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Well-led.

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Lewisham & Southwark)

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 team consisted of two inspectors.

Service and service type:

Bluebird Care (Lewisham and Southwark) is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of the inspection they were supporting 47 people. Not everyone using the service receives a regulated activity. 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 the inspection, 19 people were receiving personal care.

It is a condition of the provider's registration to have a registered manager in post. This is to make sure they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager in place at the time of the inspection. The branch manager had submitted their application form on 14 January 2019 and it was being processed at the time of the inspection. Their registration was completed on 11 March 2019.

Notice of inspection:

We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection activity started on 20 February 2019 and ended on 22 February 2019. We visited the office location on 20 February to see the manager, office staff and to review care records and policies and procedures.

What we did:

Before the inspection: We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We also contacted a local authority commissioning team to support the planning of the inspection. In addition to this we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what they do well, and improvements they plan to make.

During the inspection:

- We spoke with the branch manager, the deputy manager, the care co-ordinator, two directors and seven care workers.
- We observed a staff meeting.
- We looked at six people's care plans and six staff files, staff training records, supervision and appraisal records.
- We looked at audit documents and various other records related to the management of the service.

After the inspection:

We called 11 people who used the service and managed to speak with three of them. We also spoke with three relatives and five care workers by telephone. We contacted three health and social care professionals who worked with people using the service and heard back from one of them.

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

- All of the people we spoke with said they felt safe and relatives also confirmed this. One person said, "I used to be scared of falling but now I feel safe when the carers are here." A relative said, "I feel absolutely safe with [care worker]."
- Staff used a mobile app to record their care activities, which was monitored in real time. Potential errors or missed tasks raised an alert and the office were able to contact the staff member straightaway. One care worker said, "They call us straightaway and it is rectified before we leave." This helped protect people from the risk of not receiving the care and support they required.
- All of the staff we spoke with had a good understanding of safeguarding and were confident about reporting concerns. The manager was aware of her responsibilities.
- There were suitable policies and procedures in place and all staff were trained in safeguarding adults.

Assessing risk, safety monitoring and managements

- People and their relatives told us they were involved in their initial assessments which took place before the service started. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff. A relative told us, "I was amazed at how thorough it was." Therefore risks were well managed and protected people from avoidable harm.
- Risk assessments were regularly reviewed and updated. Staff were instantly able to see the updated assessments through the mobile app.
- Staff were trained in the management of behaviour that challenged the service. Care plans were detailed and included information about triggers and coping strategies. These were appropriate and developed with the person and their relatives. A relative told us, "They will ask as well to learn about [family member] and why they do things."

Staffing and recruitment

- People we spoke with said they had regular care workers who were usually punctual. A relative said, "The care workers are never stressed or overworked." Another relative said, "I always know who is coming and when." Staff told us their rotas were well-arranged, they had well-judged travel time and they were involved in building their rotas to ensure they were practical.
- People were protected from unsuitable staff as recruitment policies and procedures were adhered to. All staff files reviewed were complete. Disclosure and Barring Service (DBS) checks had been carried out for all staff. The DBS provides information on people's background, including convictions, to help employers make

safer recruitment decisions. We saw evidence of identity and right to work checks and a minimum of two suitable references had been received before staff started work. References had also been verified by the manager and any gaps in employment histories discussed and recorded.

Using medicines safely

- People were only supported with medicines where a need had been identified. They were encouraged to be as independent as possible.
- Support with medicines had been risk assessed and medicines administration record (MAR) charts were in place. These were electronic, enabling daily audits and real time alerting of potential errors.
- Care workers were instantly able to see updated requirements and administration records were audited daily using the system.
- There were suitable policies and procedures relating to the safe use of medicines and all care staff were trained during their induction. Staff also had medicines competency assessments before supporting people, with training refreshed annually.

Preventing and controlling infection

- Staff told us they always had the personal protective equipment (PPE) they needed. One relative told us they had particularly noted the correct use of PPE by the care staff.
- All of the people and the relatives we spoke with said staff always left everything clean and tidy and disposed of waste appropriately.
- Policies and procedures relating to infection control were in place and all care staff were trained.

Learning lessons when things go wrong

- There were procedures in place for the reporting of any accidents and incidents and we saw detailed records showing appropriate action taken. This included refresher training for staff and incidents were discussed at staff meetings.
- There was an open culture of reporting and learning from incidents which was shared by management and the staff team. This helped to prevent the reoccurrence of incidents.

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

- People's needs, choices and abilities were assessed before the service began. This was initially reviewed after four weeks and then reviewed regularly or whenever the person's needs changed.
- Staff were able to meet people's needs because they received appropriate training. We saw the records of a person who required specialist care and all staff providing care had been appropriately trained. At the staff meeting we observed, feedback was given from this person's relative. They reported that the care was having a positive effect on the person and that they "lit up" when the staff arrived.
- Staff we spoke with were familiar with standards, guidance and current legislation.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a 12 week induction process which included a week of classroom learning then a period of shadowing, observation and then weekly supervision. Staff were universally positive about training. One care worker said, "It covered everything. ... every day was different, it was very interactive."
- After induction, staff were able to complete additional training and qualifications. Staff we spoke with had completed training in various areas including dementia care, palliative care and stoma care. They were able to complete further formal vocational qualifications. Staff told us they felt supported to develop their skills.
- Staff were supported by regular supervision which they told us was useful and appreciated. One care worker told us it had helped to reduce anxiety and stress.

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

- Care records showed that people's needs and risks around nutrition and hydration were assessed and documented.
- People's preferences and special diets were documented and recorded. Fluid charts were in place where required and care workers followed guidance from the speech and language therapist (SALT). We saw an example of a person whose health conditions had improved as a result of following a special diet which the staff were preparing for them.

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 good health as part of their care plans and were referred to

appropriate health professionals when required. We saw several examples where concerns had been raised about a person's wellbeing and they had been referred appropriately.

- One person was supported to access a local gym and therapy services for their medical conditions. We spoke with this person's relative who spoke very positively about the effect that being able to access support services was having on their family member's health and wellbeing.
- We saw a compliment from a relative praising the staff for their work with the occupational therapist.
- A health and social care professional we spoke with was working with a person with complex rehabilitation needs and the staff were supporting with these. They were arranging further training from the occupational therapist and physiotherapist to enable care staff to take an even greater role as they were making a difference to the person's quality of life. They added, "They uplift him/her."
- Care records showed effective liaison with other health and social care professionals and other care services. We saw a recent chain of detailed, appropriate correspondence reporting concerns to a GP about a person's health.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Care plans were developed with people or their representatives where appropriate and all of the records we saw included people's signed consent to the plan and receiving the care described.
- Staff understood the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and this was recorded in the care plan.
- Staff gave us examples of how they ensured people were able to make decisions about their care and were supported in the least restrictive way possible.
- Evidence of Lasting Power of Attorney (LPA) had been seen when relatives were making decisions and acting on behalf of people.

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; respecting equality and diversity

- All of the people we spoke with and their relatives were emphatic that their care workers were kind and caring. One person said told us, "They are always lovely and kind." A relative described the staff as, "Very caring, lovely personalities" and as having "warmth and vibrance about them" and being "incredibly kind and jolly." Another relative told us their family member, "Is not the easiest... but they are happy with [care worker], she helps them to do all sorts of things."
- All of the staff we spoke with and observed during the staff meeting spoke of the people they supported with warmth and kindness and spoke enthusiastically about promoting their wellbeing. The people they visited enjoyed their company. One person said, "I have someone to talk to now." A relative said, "They know them really well and are very good at boosting them."
- People we spoke with were confident they could ask the staff for any extra support they needed and told us staff always asked if there was anything else they could do. A relative told us of a particular time when staff had gone out of their way to ensure their family member got a prescription on the same day.
- Staff were also supportive of relatives who were in a caring role. A relative told us, "They spoil me too, they try and persuade me to put my feet up and have breakfast... I wouldn't get out without the carers... I'm very grateful to them, we say to each other, 'aren't we lucky'."
- We saw compliments from relatives which included, 'Every carer was the personification of compassion and kindness', 'Your carers are lovely and kind and make such a difference to my [family member's] life' and '[Care worker] is so kind and patient... I've noticed a real improvement in my [family member's] mood.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- All the people and relatives we spoke with felt they were treated with dignity and respect. One relative told us the service had made a huge difference. They added, "It has given them independence. They are safe and stable and able to still make decisions." A compliment received said staff had, 'Tended to my [family member] in such a way that it raised their morale.'
- Staff we spoke with described how they promoted the dignity of the people they supported. They sought consent on a daily basis for the tasks they were carrying out and respected people's wishes. A relative told us, "They always offer a choice and always ask if they want to shower, some days they don't and just want a wash."
- People made decisions about their own care. A person told us, "They help me shower and wash my hair once a week, that's all I want. I can do a lot of things for myself." Another person said, "I usually wash and dress myself, they just do what I need that day."

- Staff induction training included the provision of care in ways that promoted privacy and dignity. A relative described the good practice she had seen the staff use.

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

- Staff were able to tell us about people's needs and preferences. We saw this information was also detailed in care plans and staff were able to refer to it when starting to visit someone. A relative said, "When I offered to stay she said I didn't have to as she felt confident as she had everything written down in the care plan. I did stay though and she coped very well for her first time."
- Care plans were electronically prepared and signed. They were regularly reviewed and updated. Updated care plans were instantly available to staff through a mobile app. Care plans were detailed and easy to follow. A relative told us, "The detail on the care plan I think is superb. There is nothing I could add to it." They told us when the care plan had been updated in the past, all of the care workers were aware of the changes from the next visit.
- Staff and relatives told us the mobile app was intuitive to use and well-liked. A member of staff told us, "I like it, it is instant." A relative told us, "They seem to have a foolproof system."
- The service identified people's information and communication needs and was aware of the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. Relatives told us that staff took the time to learn to communicate with people.
- Staff kept detailed and descriptive records of the support they were giving people at each visit. These were made electronically through the app. This enabled good communication between staff, the office, people and their relatives, with their permission.
- We saw a compliment from a relative which said, 'I lived overseas and liaised with care workers and management with ease and their responses to my requests were dealt with rapidly and effectively.'

Improving care quality in response to complaints or concerns

- Management were very responsive to feedback. People and their relatives told us they felt confident in discussing their or their family member's care with the manager and the co-ordinator. As a result there was a low number of complaints and concerns.
- Records were kept of all concerns raised by people or their representatives. These were detailed and included action taken and outcomes. One concern we saw was raised by a relative about the suitability of a new member of staff. The record described how it had been resolved and when we later spoke with the relative they told us how satisfied they were with the outcome. They said "[Co-ordinator] was incredibly responsive."

End of life care and support

- We saw the records of a person who had been receiving end of life care and we could see the provider had liaised with the local hospice and worked closely with palliative nurses and other health and social care professionals. The person's care plan was detailed and comprehensive guidelines were in place.
- We saw a compliment from a relative which said, 'My [family member] was able to live and die in their home with safety and security. The carers were not just professional, but loving and compassionate, and died peacefully in their sleep, with carers by their side.'
- Policies and procedures were in place and staff had been trained in end of life care. Staff were pleased with the training and described it as informative and useful.

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 provider had a clear vision and promoted a culture in which person-centred, high quality care was at the forefront. A staff member said, "Standards are very high and we make sure everyone is happy." All of the staff we spoke with were passionate about providing the best person-centred care that they could. One care worker said, "We are very tailored care and always try and meet people's needs." A relative told us, "They treat them as individuals and not as jobs."
- Staff felt well-managed, motivated and engaged. Comments included, "This is a real positive working environment and I'm really happy" and "They are always very welcoming and you can be yourself."
- Care workers felt comfortable calling the office for support. One care worker said, "They gave me advice step by step, and are very supportive and reassuring, whatever the issue." Another care worker said, "It gives me a real sense of achievement to have done something good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- All of the staff we spoke with had a clear understanding of their roles and responsibilities.
- The management and co-ordination team demonstrated good knowledge of their service and the people they supported and had excellent oversight of the day to day care being provided.
- The manager demonstrated good knowledge of the regulatory requirements of the role. Staff praised the manager's ability to effect positive change.
- There were regular, unannounced spot checks of staff. The provider had internal quality assurance systems in place to monitor the service to ensure that improvements were made where required..

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt involved and they were confident in calling the office. A relative said, "The office are very efficient. They answer the phone at once and you know who you're speaking to. They do what they say they will do."
- The provider regularly sought the views of people or where appropriate, their representatives. This was done through regular formal and informal contact and taking people's communication needs into account. An annual quality assurance survey had been undertaken and results were generally positive. Analysis of the

results had been undertaken and had been shared with people and their relatives.

- Staff felt engaged and supported by management. One care worker told us, "The support is fantastic." Another care worker said, "Their communication is the best." There were regular staff meetings and we observed one taking place on the day of our visit. This meeting was informative and good communication was observed between management and staff.

Working in partnership with others

- The provider worked in partnership with other professionals and local services. We saw several examples where this was well documented in a person's care plan and communication records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.

- A health and social care professional we spoke with praised the staff. They said, "I can't fault them in any way... they are doing everything we ask of them."