Aquahigh Limited

Bluebird Care (Merton)

Inspection report

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Date of inspection visit:
23 September 2019
26 September 2019

Date of publication:
21 October 2019

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 (Merton) is a domiciliary care agency that provides personal care and support to people living in their own homes. At the time of our inspection, 70 people aged 50 and over were using the service. Some of these people were living with dementia, had mental health care needs or autism.

Seven people who used the service did not receive any personal care from this domiciliary care agency. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service
People told us they remained happy with the home care service they received from Bluebird Care (Merton). A quote we received from a relative summed up how most people felt about the service – "Staff really do understand dementia…Since we've been with Bluebird, my [family member] is a different person; they really have made things better for her."

Since our last inspection, the provider has improved the way they monitor the quality and safety of the service people receive by ensuring their governance systems were operated effectively. For example, the provider had increased the number of office-based managers and staff and their quality monitoring roles and responsibilities. The managers now recognised the importance of analysing and learning lessons when things went wrong to continuously improve the quality and safety of the home care service they provided.

People, their relatives and staff all spoke positively about the way the office-based managers ran the agency. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

People were supported by staff who knew how to prevent and manage risks they might face and keep them safe from avoidable harm. Staff continued to undergo all the relevant pre-employment checks to ensure their suitability and fitness for the role. People received continuity of personal care and support from staff who usually arrived on time for their scheduled visits and were familiar with their needs and wishes. People received their medicines as they were prescribed. The service's arrangements for controlling infection remained effective.

People continued to receive personal care from staff who had completed training that was relevant to their roles and responsibilities. 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. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People continued to be supported to stay healthy and well.

Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected, including their spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

Care plans remained personalised, which ensured people received personal care that was tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. Managers and staff understood the Accessible Information Standard and ensured people were given information in a way they could understand. People were satisfied with the way the provider dealt with their concerns and complaints. When people were nearing the end of their life, they had received compassionate and supportive care from this agency.

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

Rating at the last inspection
The last rating for this service was requires improvement (published 17 September 2018).

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Merton) on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Merton)

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
An inspector and an Expert by Experience carried out this inspection. 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 that provides personal care to people living in their own homes.

The service had a manager registered with the CQC, who also owned the franchise for the Merton branch of Bluebird Care. 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
We gave the service 48 hours' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. This two-day inspection started on 23 September and ended on 26 September 2019.

What we did before the inspection
We reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return (PIR), which providers are required to send us. A PIR provides us with some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us plan our inspection.

During the inspection
On the first day of our inspection we received feedback about this home care agency from six people using

the service, seven relatives and five care workers we spoke with over the telephone. On the second day we visited the providers office's and spoke in-person with the registered manager, the deputy manager and a specialist health care manager. We also looked at a range of records that included six people's electronic care plans, as well as four staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

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 clear safeguarding and staff whistle-blowing policies and procedures in place, which staff could access quickly on handheld electronic devices they had each been given. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "If I thought anyone I looked after was being abused by their family or one of our carers I would call the office managers straight to let them know."
- People told us they felt safe with their regular carers. One person said, "Staff always make sure I'm safe", while a relative remarked, "It's the way I have seen staff care for my [family member] which makes me feel confident that they're safe with this agency."
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection, no safeguarding incidents were under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained detailed risk assessments and management plans which explained clearly the control measures staff needed to follow to keep people safe. This included for example, risk assessments and plans associated with people's mobility, eating and drinking, skin integrity, dementia, behaviours that may be considered challenging and their home environment.
- Staff also understood where people required support to reduce the risk of avoidable harm. Several staff confirmed risk management plans were in place and easy to follow, which helped them reduce any identified risk.
- Maintenance records showed where care staff used specialist equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment

- The provider used an electronic monitoring system which logged the exact time staff started and finished their scheduled visits and automatically flagged up when staff were late, left early or missed a call.
- People told us staff usually arrived on time for their visits, and when staff were running late, someone from the office would always ring to let them know staff were on their way. One person told us, "Generally staff are on time and the office lets us know if our carers are running late."
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure

and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Using medicines safely

● Medicines systems were well-organised and people received their prescribed medicines when they should.

● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. A relative told us, "Yes they do; all my medicines are given on time and in the appropriate manner."

● Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by their line manager.

● Managers routinely checked staffs' medicines handling practices during their scheduled visits. In addition, the provider now used electronic medicines records which automatically flagged up if staff failed to administer or log they had given people their prescribed medicines on time. This helped ensure any medicines errors or incidents that occurred were identified and acted upon immediately. We found no recording errors or omissions on electronic medicines records we looked at.

Learning lessons when things go wrong

● The provider learnt lessons when things went wrong.

● The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

● Managers gave us examples of lessons that had been learnt and action they had taken to significantly reduce the number of medicines errors that staff were involved with by ensuring staff refreshed their safe management of medicines training and the introduction of an electronic medicine's record monitoring.

Preventing and controlling infection

● People were protected by the prevention and control of infection.

● Staff were trained in infection control and basic food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people with their personal care needs.

● Practice around infection control and use of PPE was checked by managers when they carried out spot checks of care staff. People said staff always wore the appropriate protective gloves and aprons when they were providing personal care to people.

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 received care and support from staff who had on-going training that was relevant to their roles and responsibilities. For example, staff had completed awareness training in supporting people living with dementia, had a learning disability or autism and mental health care needs. This ensured staff had the right levels of knowledge and skills to effectively meet the needs of everyone who currently used the service.
- It was also mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. A member of staff told us, "I feel my induction was very good and prepared me in a practical sense for my new job as a professional carer, which I've never done before." We saw the provider had a well-equipped training room located at their offices for staff to receive practical instruction on the safe use of mobile hoists, standing frames and adjustable beds.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was continuously refreshed. One member of staff told us, "The training is very good…We're always updating our training online." Staff confirmed they had been given a staff handbook when they first started working for the service. This set out clearly the providers rules and their expectations regarding staff working practices.
- Staff continued to have opportunities to reflect on their working practices through regular individual supervision and work performance appraisal meetings with their line manager. One member of staff told us, "We often meet up with the managers to talk about how we're getting on and what we might need to do an even better job."

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

● People told us staff always asked for their consent before providing any personal care. For example, one person said, "Staff always ask for my permission before they give me a wash."

● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.

● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.

● Managers and staff were aware of their duties and responsibilities in relation to the MCA. For example, staff understood if someone they supported lacked capacity.

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

● Where staff were responsible for this, people were supported to eat and drink enough to meet their dietary needs and wishes. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.

● People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered them. One person told us, "Staff always ask me what I would like to eat… The food is good; I've got no issues on that score."

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

● People's care plans set out how staff should support them to ensure their identified health care needs were met.

● In the last 12 months the provider had created a new role for a manager within the organisation to carry out weekly health care checks for people who chose to receive this additional service. We spoke with the specialist health care manager who confirmed part of their new role and responsibilities was to routinely undertake basic health care checks for people who have been recently discharged from hospital or whose health had begun to deteriorate. One person told us, "Someone from the office takes my blood pressure every week to make sure I'm doing alright."

● Appropriate referrals were made to the relevant health care professionals to ensure people received the support they required. This ensured external professionals, such as GPs and district nurses, were notified in a timely manner when people's health care needs changed. For example, records showed staff concerned about a person they suited developing pressure sores took prompt and appropriate action to refer this matter to the relevant health care professionals.

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

- People continued to be treated equally and had their human rights and diversity respected. People told us staff were "caring" and treated them or their family members with the utmost respect. One person said, "Overall, the staff are very kind and caring…I have no complaints", while a second person told us, "I've never felt uncomfortable with the carers…I would highly recommend this agency."
- People also told us they received continuity of care and support from the same small group of staff who were familiar with their needs, daily routines and preferences. A relative remarked, "There's one carer that my [family member] has regularly, and she's fantastic."
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs. People's care plans contained detailed information about their spiritual and cultural needs and wishes.
- Managers gave us examples of how they had taken account and respected several people's preferences to be supported by staff who practiced the same religion as they did.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensured bathroom, toilet and bedroom doors were kept closed when they were meeting people's personal care needs. A relative said, "Staff do realise that the bathroom door needs to be shut when they're providing my [family member] with any intimate personal care."
- People told us staff supported them to be as independent as they could and wanted to be. One person said, "I tell them [staff] that I want to be independent; if it's something I can do for myself, staff respect my wishes." A relative also remarked, "The carers encourage my [family member] to put his own clothes on in the morning, which they can do."
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without staff assistance. For example, it was clear in care plans we looked at who could and was willing to manage their medicines independently, and who could not. A manager gave us an example of how staff helped one person to maintain and develop their independent living skills by actively encouraging and supporting them to prepare their own drinks and meals, which formed an integral part of their mental health recovery programme.

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

- People were encouraged to make decisions about the care and support they received and have their

decisions respected. People told us staff listened to them and acted on what they had to say. One person commented, "It's always about what I want and they [staff] always respect my wishes. The staff make me feel as though I'm the most important person." A second person remarked, "I told the office I didn't want a man undressing or washing me, so they don't send me any male carers as per my wishes."

● The provider used people's needs assessments, care planning reviews and quality monitoring spot checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this home care agency.

● Care plans documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able and willing to.

● People were given a service user's guide which contained all the information they needed to know about this home care agency.

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 meet people's needs, preferences, interests and give them choice and control

- People had their own person-centred care plan that contained detailed information about their unique strengths, likes and dislikes, staff visiting times and duration of their calls, and how they preferred staff to provide their personal care.
- People using the service, and where appropriate their relatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received.
- Several staff explained how they helped people make informed choices about the personal care they received. For example, one member of staff told us they always encouraged a person they supported to choose what they wore each day by showing them a selection of clothing for them to choose between each morning.
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.

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.

- The provider was aware of their responsibility to meet the Accessible Information Standard. The registered manager told us they could provide people with information about the service, including the service users guide and complaints procedure in a variety of formats, such as large print, audio and different language versions.
- People told us staff understood their preferred method of communication. A relative said, "Our carer can speak the same language as my [family member], which means they can chat with her. They've become good friends as a result and often go out for walks together."
- People's communication needs and preferred method of communication had been clearly identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and felt the process was easy to follow.
- People told us they were satisfied with the way the registered manager had dealt with any formal complaints or informal concerns they had made about the service. A relative said, "We had a few blips in the

beginning when the agency failed to tell us the names of the carers who would be attending to my [family member] in the coming week, but they soon sorted this out when I raised it with the manager."

● People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.

● A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised. In addition, it was now the responsibility for an office based manager to analyse the nature and outcome of complaints the service had received quarterly in order to identify emerging trends, and where appropriate, take appropriate action to improve.

End of life care and support

● No one currently using the service was receiving any end of life care support.

● The provider had an end of life policy and procedures in place. Since our last inspection, the provider had updated people's care plans to include a section where they could record their end of life care and support needs and wishes, if they wished too.

● The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

● Records showed staff had completed and were up to date with end of life care training.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
At our last inspection, the provider had failed to ensure their governance systems were effectively operated to monitor the quality and safety of the home care service people received. Specifically, we found the outcome of the providers satisfaction surveys and audits they had carried out in respect of complaints, accidents, near misses and safeguarding incidents were not always analysed to identify emerging trends and patterns. This meant the provider did not reflect on their practice to learn lessons and consider how they might improve the home care service they provided.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.
● The provider had improved the service in the last 12 months. It was clear from comments we received from managers they had a better understanding of the importance of quality monitoring and continuous learning and improvement.
● The quality and safety of the service people received was now routinely monitored by managers and senior staff. For example, the provider had created several new posts whose roles included making weekly telephone and face-to-face home visit contact with people using the service. Regular spot checks to observe staff working practices during their visits were also carried out, while a regional manager continued to carry out quarterly audits of the service. In addition, the registered manager told us they had recently established daily 'shout out' meetings for the office-based managers and staff to discuss any issues that might have been raised in the previous 24 hours.
● Managers confirmed they now routinely analysed the results of all audits described above which helped them identify issues, learn lessons and develop action plans to improve the home care service provided.
● The provider also used a range of electronic systems to monitor the quality of the service they provided. For example, electronic information technology was used to alert the office-based managers when staff employment checks, training and supervision needed reviewing or updating.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● We saw the service's last CQC inspection report and rating were easy to access on the provider's website and a paper copy of the report was clearly displayed in their offices. The display of the rating is a legal

requirement to inform people, those seeking information about the service and visitors, of our judgments.
● The provider had a clear vision and person-centred culture that was shared by managers and staff. The registered manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The service continued to have the same manager registered with CQC who had been in operational day-to-day control for many years.
● There were clear management and staffing structures in place. The registered manager was supported in the day-to-day operation of the service by a range of office-based managers and senior staff including, a regional, deputy, specialist health care and finance managers, a care coordinator, two field supervisor's and three senior carers known as 'mentors'. People using the service, their relatives and staff all spoke positively about the way the service was managed.
● Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone and home visit contact, and yearly satisfaction surveys. One person said, "I often speak to the manager and tell him my thoughts and views, and he does listen to what I have to say."
● It was clear from the findings of the service most recent satisfaction survey conducted in the Spring of 2019 that most people were happy with the standard of home care and support they received from this agency.
● The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular one-to-one meetings with their line manager and group meetings with their fellow co-workers. The registered manager told us they had introduced an employee of the month and year scheme to recognise and reward the achievements of staff who had performed well. Several staff told us they liked the reward scheme because it incentivised them and helped motivate them to do an even better job.

Working in partnership with others
● The provider worked closely with various local authorities and community health and social care professionals including GP's, district and community psychiatric nurses, social workers, occupational therapists and hospital discharge staff.
● The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.