

Calistaa Limited

Bluebird Care Docklands, Stratford and Wapping

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

We conducted an inspection of Bluebird Care Docklands, Stratford and Wapping on 20 June 2018. This was our first inspection of the service.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. At the time of the inspection the service was supporting 28 people. Not everyone using Bluebird Care 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.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care records contained a good level of information about people's nutritional and healthcare needs. Where further instructions were necessary for the provision of effective care, we found these were clearly contained within people's care records.

Quality assurance systems were thorough and supported the delivery of good care. The provider used an electronic monitoring system to monitor daily care and conducted surveys of people's views every six months.

Staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). Where necessary, care records contained specific mental capacity assessments and decisions were made appropriately, in people's best interests.

People gave good feedback about their care workers and told us they were kind and respectful.

Care records contained clear guidelines for care staff in managing risks to people's safety as well as details of their personal preferences in how they wanted their care to be delivered. Care staff demonstrated a good understanding of risks to people's care as well as their likes and dislikes in relation to care delivery.

People told us they felt safe receiving care from the service. Care workers had a good understanding of the safeguarding policy and procedure that was in place and demonstrated a good understanding of the typical signs of abuse.

The person we spoke with and relatives told us they were involved in decisions about their care and how their needs were met.

The provider conducted appropriate pre-employment checks to make safer recruitment decisions. The registered manager ensured there were enough suitable staff working to support people.

The provider had an appropriate complaints procedure in place.

The provider supported care workers in their roles through providing appropriate training and ongoing supervisions and appraisals of their performance. There was an induction programme for new staff as well as a supportive probation period to ensure they were competent to begin working independently with people.

Care workers had a good understanding of infection control and had received appropriate training.

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.

Care workers had a good understanding of how to keep people safe from abuse. They had received appropriate training and had read the provider's safeguarding policy and procedure.

Risks to people's care were explored and appropriately managed with detailed written risk management guidelines in place.

The provider ensured there were enough suitable staff working to provide people with care. Safer recruitment procedures were followed to ensure staff could work with people.

Care staff followed appropriate infection control procedures in the course of their work.

Is the service effective?

Good ●

The service was effective.

Care records contained a good level of information about people's health and nutritional needs and care workers had a good understanding of these.

People's consent was obtained in accordance with the Mental Capacity Act 2005 (MCA) to ensure the provider could provide care.

Care workers received an initial induction, ongoing training and supervisions of their performance.

Is the service caring?

Good ●

The service was caring.

The person we spoke with and relatives gave positive feedback about care workers.

People's privacy and dignity was respected. Care workers gave us examples of how they provided dignified care and care records included guidance about how to do this.

Care workers understood people's personal preferences in relation to the way they wanted their care delivered and gave us examples of this. Care workers also had a good understanding of the amount of support people required and how to support them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

The person we spoke with and relatives told us their views were sought when the provider planned their care package.

Care plans were holistic and incorporated different aspects of the person's needs and wishes. This included their physical, mental and social needs.

Care plans included details of people's recreational needs and interests and demonstrated appropriate planning was conducted to help people with these.

The provider ensured care workers attended to people on time and completed required tasks through an electronic monitoring system.

The provider had an effective complaints policy and procedure.

Is the service well-led?

Good ●

The service was well led.

Care workers gave good feedback about the registered manager and told us they enjoyed working for the provider.

Quality assurance systems were effective. This included using an electronic monitoring system to ensure daily tasks were completed on time as well as biannual surveys of the views of people using the service.

Bluebird Care Docklands, Stratford and Wapping

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.

We visited the office location on 20 June 2018 to see the registered manager and to review care records and policies and procedures. We were not made aware of any risks prior to our inspection. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available. The inspection was conducted by one inspector. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC) as well as the previous CQC report.

At the time of our inspection there were 28 people using the service and we spoke with one person and six relatives on the telephone. We also spoke with two care workers after our visit over the telephone. We spoke with the registered manager and the director of the service during our inspection. We also looked at a sample of three people's care records, two staff records and records related to the management of the service.

Is the service safe?

Our findings

The person and relatives we spoke with told us they felt safe using the service. One person told us, "I am safe" and a relative told us, "I trust them."

Care workers demonstrated a good understanding of the usual signs of abuse and what they were expected to do if they suspected someone was being abused. Care workers comments included, "I know people well, so if someone was behaving differently or unusually, I would ask myself why." Another care worker said, "The signs of abuse are not always obvious, you have to pay attention to people and what they're saying. They might not even know that they're being abused." Care workers told us they had received training in safeguarding adults and records confirmed this. Care workers told us they did not have any concerns about people using the service, but would report any issues to the registered manager or use the internal whistleblowing procedure to do so. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. The registered manager understood her responsibilities to keep people safe from abuse. She was aware of the need to report any concerns to the local authority and the Care Quality Commission.

Care workers had a good understanding of how to protect people from discrimination. Care workers told us they had received training in equality and diversity and records confirmed this. Care workers told us they felt strongly about the need to provide good care to people regardless of their religious, cultural or other background. One care worker told us, "I want to provide care to all different types of people and I want them to feel comfortable with me." There was an equality and diversity policy and procedure in place. This stipulated the types of behaviour that was unlawful including direct and indirect discrimination. Care workers were aware of the policy and confirmed they had read this.

The provider assessed risks to people's safety and put appropriate risk management plans in place that were understood by care staff. Care records included specific risk assessments that identified the risks associated in providing care to people. These identified the level and nature of the risk as well as actions that care workers were required to take in the course of their duties to help prevent harm. For example, we saw one person's care record included a moving and handling risk assessment. This included instructions about how to transfer the person from their chair to their bed and wheelchair. It stated how the person should be assisted when in the shower as well as how they were supposed to move when in bed. The person required the assistance of two care workers who were required to use a hoist when moving them, but only needed the assistance of one care worker when repositioning in bed. Another person was at risk of harm during personal care. We saw their risk assessment contained instructions about the correct use of their toiletries including the safe and effective use of their deodorant.

Care workers had a good level of understanding of the types of risks involved in providing care to people. For example, one care worker told us, "You have to be really careful when helping some people to move. You might need to monitor them closely when they're moving or you might have to provide hands on care with a hoist. In that case you always make sure there are two of you to do this." This care worker told us they

always checked the equipment before using it and would report any problems with the sling or hoist to their manager.

We asked the registered manager about the equipment people used and saw this was listed within their care records. She confirmed the organisations that were responsible for ensuring that equipment was safe for use, but also stated that care workers had a responsibility to check equipment and report any concerns. For example, the registered manager told us that care workers had reported a concern with one person's bed the week before our inspection. We saw correspondence sent to the local authority about the concerns and by the date of our inspection, the person had been provided with a new bed.

The provider ensured that people's homes were safe prior to providing people with care. We saw care records contained environmental risk assessments for both inside and outside their properties. This included a check of matters such as their heating, lighting and the quality of flooring. The risk assessments we reviewed did not identify any issues. The registered manager confirmed that care workers were required to report any changes to the safety of people's properties and said these would be managed in consultation with people.

Care records were legible and accurate. We found these were stored securely on the provider's electronic system. Care workers contemporaneously updated the computer records with details of the care they had provided. Copies of people's care records were also kept in their houses for care workers to refer to.

Appropriate investigations were conducted and action plans were put in place to rectify issues when things went wrong. We reviewed the providers accident and incident records and saw that risk assessments were updated when new risks were identified as a result of an incident. Where necessary, the appropriate healthcare professionals were also consulted and their advice was followed. Their advice was incorporated into future guidelines for care workers to ensure that incidents were learned from and risks mitigated. This included evidence of advice obtained from one person's Occupational Therapist, which was incorporated into their care record as a result of an incident that had occurred. The registered manager was also aware of the need to report specific incidents to the Care Quality Commission.

Care staff understood their responsibility to raise concerns and report any safety incidents. One care worker told us, "We have to report any issues." Care workers confirmed they had received training in how to respond to emergencies including basic life support and were aware of the procedure to follow in the event of an emergency. One care worker told us, "I would do what I could to ensure the person's immediate safety, then call 999 and then report whatever happened so it can be investigated." Care workers told us lessons from incident investigations were shared with them to ensure they were aware of changes to the person's needs.

The provider ensured there were sufficient numbers of suitable staff supporting people. The director of the service confirmed that they conducted assessments of people's care needs before confirming whether they were available to provide people with care. This was to ensure that they had a full understanding of what was required and whether they were able to meet the person's needs. The registered manager confirmed that they ensured they had the appropriate numbers of suitably trained staff to provide the person with the care they needed before they agreed to accept the care package. Care workers were required to give their availability prior to starting work with the service and to update this information if their availability changed. The registered manager reviewed this information before determining whether there were a sufficient number of available staff within the service to care for any new people. We reviewed a sample of rotas relating to people's care and saw there were an appropriate number of staff available to meet the needs of people using the service.

The provider operated safer recruitment practices as appropriate checks were undertaken before care workers were employed. The care workers records we viewed contained identity checks, evidence of people's right to work in the UK and a check had also been obtained from the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Appropriate assistance was given to people to safely manage their medicines where this was needed. People told us they were given their medicines on time. One person told us, "They help me with my meds, which I really do appreciate." Care workers had a good understanding about the procedure to follow in administering medicines to people. They confirmed that they were required to follow the guidelines within people's care plans, to monitor that people had in fact taken their medicine and to record whether people had taken it on the electronic notes. We reviewed the medicines section of people's care records and saw that these contained details of the medicines people were taking, the dose they were required to take as well as the time at which they needed to take this. We also reviewed people's electronic medicines administration record (MAR) charts and found these contained information about the medicines people had taken. The registered manager confirmed that she regularly reviewed the online MAR charts and that the system would send an alert if a required section of the MAR chart was not completed. She confirmed that she visited people once a month and checked that their medicines were in order at each visit. We saw there was a medicines administration policy which care staff were aware of. This included details about the procedure care workers were required to follow when administering medicines to people.

Care workers were aware of their responsibilities in relation to infection control and they gave us examples of good practice. One care worker told us, "We wear gloves and aprons and always make sure we wash our hands" and another care worker told us, "I clean as I go along." The person we spoke with told us their homes were kept clean and clutter free by care workers. One person told us, "They do clean" when queried about the cleanliness of their home after care workers had visited. Care workers had received infection control and food hygiene training and records confirmed this. There was an appropriate infection control policy and procedure in place. This included recommendations to care workers in how to provide hygienic care including the circumstances in which care workers were required to wash their hands.

Is the service effective?

Our findings

People's care was delivered in line with current legislation and evidence based guidance to help achieve effective outcomes. The registered manager explained that she reviewed the training being given to care workers to ensure that it was up to date and met industry standards. She also confirmed that she reviewed all policies and procedures to ensure that the right standards were being set within the service. Policies and procedures referred to up to date legislation and guidance. For example, the provider's safeguarding policy and procedure contained reference to the Equality Act 2010 and the Mental Capacity Act 2005.

Care workers received effective support through regular induction, supervision, appraisals and training. Training records indicated that care staff had received training in mandatory subjects within the last 12 months. These subjects included safeguarding adults, infection control and manual handling. Records also showed that some care workers had received additional, specialist training in subjects such as epilepsy, autism and Parkinson's disease and this was delivered depending on the needs of people they were caring for. Care workers confirmed that they received regular training and they felt this was suitable. One care worker told us, "We definitely get a lot of training. Also, you can ask for more training if you're a bit rusty in something" and another care worker told us, "I get a lot of training, but if I wanted to develop further, I can ask for more."

Care workers were given an induction when first recruited to the service. They were required to complete an induction which involved completion of the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. The induction also involved face to face training over a period of four days as well as an introduction to internal policies and procedures, a period of shadowing and supervised work before they could work independently with people. Care workers were also required to complete a 12 week probation period which involved a mixture of supervisions and medicine competency shadowing. Care workers told us they had received an induction and completed a probationary period and found it useful. One care worker said, "It was good. It covered a lot of different things."

Care workers received supervisions of their performance every three months. The registered manager met with care workers to discuss any issues, how they were finding their work, whether they needed any further training and what their development needs were. Records demonstrated that these meetings were taking place and care workers confirmed this. They told us they found supervisions to be useful to their work and they valued the time taken to have these meetings. One care worker told us, "I like to have supervision meetings. I can discuss anything that is on my mind."

The registered manager also conducted appraisals with care workers once they had worked at the service for a period of one year. Care workers told us they also found appraisals to be important to their work.

People were given appropriate support with their nutritional needs. People's care records included details of their likes and dislikes in relation to food and included instructions about what care workers were supposed to do to provide people with appropriate nutritional support. This included information about

whether they had any allergies or any other specific requirements. For example, we saw one person's care record stated that care workers were only required to heat up and provide the food that had been prepared by the person's family member. Another person's care record also confirmed that care workers needed to support them at mealtimes as due to their medical condition, they could not always manage this independently. This person was also on a soft food diet and their records contained appropriate details about the support they required.

People told us they were provided with food in accordance with their wishes. One person told us, "They get me snacks, drinks and my meals." Care workers confirmed they read people's care records and had a good understanding of their nutritional needs.

The provider assisted people with their healthcare needs. Care records included a good level of information about people's health conditions and how they were affected by these. For example, we saw one person's care record stated that they had vascular dementia. The record stated that this meant that they took more time to process information and consequently had problems with attention, planning and reasoning. When we spoke with care workers they had a good understanding of people's health care needs including how these affected their ability to carry out activities of daily living.

People were supported with their care in accordance with their valid consent in line with relevant legislation. 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.

Care records were signed by people to indicate they consented to their care. Where people were unable to consent to their care, we found mental capacity assessments had been conducted and decisions were made in their best interests in accordance with legislation.

Care workers told us they obtained people's verbal consent before they provided people with care. For example, one care worker told us, "I always check if it's ok for me to do something first. I always say things like "Is it ok if I do this?" before I do it... If people don't want me to do something, I won't do it."

The provider worked with external organisations to deliver people's care. Records indicated that the registered manager liaised with a multi-disciplinary team of professionals including people's GPs, pharmacists and occupational therapists when needed.

Is the service caring?

Our findings

The person using the service and relatives we spoke with told us care workers were kind and treated them well. Relatives comments included, "The carers are very nice" and "They're lovely."

The person using the service and relatives we spoke with told us care workers respected their privacy and dignity. One person told us, "They do respect me" and a relative said, "They're very polite and professional." Care workers gave us examples of how they provided people with dignified care, particularly when supporting people with personal care. One care worker told us, "I cover the bits that I'm not washing" and another care worker said, "I always keep the person involved in what I'm doing. There's a difference between helping someone by involving them ... It's respectful to involve people." People's care records also included guidance to care staff in how they could provide people with dignified care. For example, we saw one person's care record stated that during personal care, care workers were required to cover the person with a towel.

The provider ensured care workers spoke to people in a way they could understand. Care records included a communication section which included useful information about how care workers should communicate with people. For example, one person's care record stated that due to their hearing difficulties, care workers were required to speak with the person slowly and loudly. Care workers were aware of the need to communicate clearly with people and confirmed that they did so. One care worker told us, "If the person has trouble hearing, I will face them when I speak to them."

Care workers had a good understanding about the people they were supporting including their personal histories and their preferences in the way they wanted their care to be delivered. For example, care workers confirmed that they were acquainted with people's families and understood their living situations. They also gave us examples of people's individual likes and dislikes in relation to a number of their care and support needs. For example, one care worker told us that one person "really hates a mess, so I make sure I'm very tidy when I'm in [their] home."

People were supported to be as independent as they could be. Care records included specific information about what care people needed and did not need. For example, we saw one person's care record stated that they did not need assistance to take a shower, but did need help with specific tasks such as fastening buttons or a zip. Care workers also gave us examples of how they encouraged people to be as independent as they could be. One care worker told us, "I pick up on things that people can do and make sure I don't do this for them."

Care records included details about people's ethnicity and whether they had any cultural or religious needs. When we spoke with care workers they had a good understanding of people's cultural backgrounds.

Is the service responsive?

Our findings

The person using the service and relatives we spoke with told us their views were given priority in planning their care and their care records included details of their personal needs. One person told us, "They asked me lots of questions before the carers started coming."

People's care plans reflected different aspects of their needs including physical, mental, emotional and social needs. There were clear details about people's health conditions, how they affected them as well as information about whether people had any particular emotional needs that care workers needed to be aware of including whether they had any behaviours that challenged the service. For example, we saw one person's care record included written advice for care workers about one person's behaviours that challenged. There were details about how the person typically behaved in different situations and how care workers should respond to this. In another person's care record, we saw advice for care workers about how the person felt when being moved with a hoist. Their care record stated that the person found the procedure daunting and care workers should be mindful of this and give the person reassurance during the process.

The provider encouraged people to take part in activities where this was part of their package of care. For example, we saw one person's care record stated that they enjoyed doing a variety of things such as going bowling and going to the cinema. Their care record included a risk assessment about the use of public transport to these activities as well as control measures for ensuring the person could take part in their favourite activities safely. Where people did not require assistance to attend activities we saw their care record included details of what types of things they enjoyed doing inside their house. For example, we saw one person's care record stated that they enjoyed going to church on Sundays with their family as well watching television when at home.

Care workers had a good understanding of people's hobbies and gave us examples of how they assisted people with these. One care worker told us, "One client needs support with motivation. I will go with [them] to a club where there are activities. I motivate [them] by encouraging [them] to take part in things. If I can join the activity I will."

The provider used an electronic logging in system to support people to receive timely care. The system alerted office staff if the care worker had not logged in when they were supposed to arrive at a person's property to complete a care visit. The registered manager told us this alert would appear if the care worker did not arrive 15 minutes after the care visit was due to start. If this happened, the registered manager explained that she would investigate the cause of the delay and alert the person using the service as to whether the care worker was going to be late or whether another care worker was required to attend. The system also prompted care workers to complete the specific tasks that were required of each visit. For example, if the care worker was required to prepare a meal, the system would require the care worker to confirm that this had been done as well as what food had been prepared.

People told us they knew the service had a complaints procedure and they would complain to the registered manager if they needed to. One person told us, "I would phone the office if there was something wrong".

We looked at the provider's complaints records and saw complaints were recorded with details of the actions taken to resolve them. The provider had an effective complaints policy and procedure that specified how complaints were supposed to be dealt with. This stipulated the timeframe for investigating the matter as well as the details of other organisations that could be contacted if the complainant remained dissatisfied.

Is the service well-led?

Our findings

The registered manager reviewed the morale of care workers by maintaining regular communication and monitoring their views during supervision sessions. One care worker told us, "I enjoy working for the service" and another care worker told us the registered manager is a good manager. They added, "She is approachable and she listens and deals with the problem. [The registered manager] respects us and the clients."

Care workers had a good understanding of their responsibilities towards the people they supported as well as within the organisational structure. We read care workers job descriptions and these supported care worker's descriptions of what they were required to do. Care workers told us, "We help people to live independently within their homes and to access their communities" and another care worker said, "We have a responsibility to report any changes and concerns to the manager."

The provider operated effective quality monitoring systems to ensure people were receiving a good level of care. The registered manager sought feedback from people and care workers every six months through surveys. The survey provided to people using the service included various questions such as 'Are care workers polite and treat you respectfully?' and 'Are all tasks on the care plan completed at each visit?'. We saw a copy of the providers action plan after the previous survey that had been completed in November 2017. We saw that this was also sent to people using the service to keep them informed about the intended actions.

The registered manager monitored care workers on a daily basis through an electronic monitoring system. This involved checking whether care workers were attending to people on time and also whether they were completing all tasks that were supposed to be completed on each visit. If the care worker did not complete a particular task that was required, the registered manager would receive an electronic alert. This prompted initial investigations in the form of contacting the care worker to find out whether this was a recording error or if the omission had actually occurred and if so, why this had happened.

Care workers told us they felt the electronic system worked well. Their comments included, "It's good, because you can't leave a person's house without double checking that you have done everything you're supposed to" and "I think it's good because it means everyone knows what you're doing and there's a record of everything you've done. Nothing gets lost this way."

The provider worked with various healthcare professionals when providing care to people. This included people's pharmacist and their GP. We also saw evidence of considerable liaison with the commissioning local authorities on various aspects of people's care.