Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bluebird Care Islington

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Date of Inspection: 23 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Michaelandtaniahackett Limited
Registered Manager	Mrs Lillian Ngari
Overview of the service	Bluebird Care Islington is a domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection, the service supported 15 people and had been operating since October 2013.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer our five questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on speaking with people who used the service, their relatives, the staff supporting them, the managers of the service and from looking at records.

If you wish to see the evidence supporting our summary please read the full report.

Is the service safe?
People who use the service and their relatives told us they were treated with dignity and respect by the staff and service managers. One person told us "I feel a lot safer in my own home knowing there is someone I can phone if I have a fall". The provider had an on-call system in place so staff and people who used the service could contact a manager if they needed support. People told us this system worked well.

Safeguarding procedures were in place and staff and service managers had been trained in safeguarding adults. Staff we spoke with told us they would follow the appropriate procedure for raising a safeguarding alert should they be concerned about a person who used the service. People who used the service were provided with appropriate information and contact details for reporting allegations of abuse in the service's 'Customer information guide'.

Each person who used the service had a number of risk assessments relating to their care and support, and the environment in which the support was provided. Those we viewed were comprehensive and had measures in place to reduce risks in line with the person's needs.

Staff recruitment procedures were robust and included all necessary checks to ensure staff were appropriately skilled and experienced. Staff received a comprehensive

induction, including a number of shadow shifts with more experienced staff or the Registered Manager, and ongoing training in areas such as safe manual handling and administering medicines. This ensured that staff were well-trained and their competency in these tasks was assessed prior to working alone with vulnerable people.

Is the service effective?
Each person who used the service had a care plan outlining their specific needs and preferences for their care and support. These were reviewed and updated annually or when people's needs changed. A relative we spoke with told us "They go the extra mile. If the care worker needs something clarified by the district nurse or the GP, for example, they will just phone them and ask and sort it out there and then rather than waiting for me to do it. My relative's needs are met and there is no waiting or faffing about".

Is the service caring?
People who used the service and their relatives were very positive about the service they received. One relative said "It is the best agency we have ever used, they are great. They really care, and it's from the top down - the coordinators really listen and you can tell that the care workers' hearts are in it. This is what care should look like".

Several people we spoke with commented on time and how this affected the care they or their relative received. One person told us "They take their time and don't rush. They sit down and have a cup of tea and a chat - it's not all about the cooking and the cleaning and the bathing. They make me feel like a person and not just a body to wash before they dash off to the next body". A relative told us "They always explain what they are doing - 'I'm going to lift your leg now' rather than just hauling my relative around. I am bowled over by the care and respect they show".

When speaking with staff it was clear they genuinely cared for the people they supported.

Is the service responsive?
People told us they felt listened to and appreciated the flexibility of the service. One relative told us they appreciated the sensitivity of the service to their relative's needs, and said "They took a lot of time and were very flexible. They changed their standard processes to fit in with us". A person who used the service told us "They are very good at asking me what I want and how I do things. They fit in with my routines rather than imposing their routines on me".

The provider had a system in place to gather feedback from people who use the service, their relatives and staff. The service's 'Customer information guide' contained clear information about how to make a complaint and details of a local advocacy service people could use for support to make a complaint.

Is the service well-led?
The service had a quality assurance system in place and regular spot checks were carried out by the Registered Manager. People who use the service, their relatives and staff were very positive about the support they received from the service's managers. Roles and responsibilities within the service were clearly outlined, and staff told us they could contact the office at any time with questions or for support.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support.

Reasons for our judgement

People were given appropriate information and support regarding their care. The provider had a 'Customer information guide' which clearly outlined the objectives of the service, the types of support the service provided, information about how to make a complaint or pass on a compliment, and all appropriate contact details. Each person who used the service was provided with this guide when they first contacted the service. This ensured that people were provided with appropriate information about the service so they could make informed decisions about their care and support.

People understood the care and support options available to them, and expressed their views when making decisions about their care and support. One person told us that the Registered Manager had met with them and undertaken a full assessment of their needs, then clearly outlined what the service could provide for them and what they could not. They told us "I was very clear about my options and told them exactly what I wanted from the service, which so far they have delivered".

People were supported in promoting their independence and community involvement. We viewed the personal care and support records of four people who used the service and saw that each contained a document titled 'Social inclusion assessment' which outlined the support they needed for social activities and to maintain links with their communities. These were comprehensive and individual to the person, their specific social environment and their needs.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care and support planned and delivered in line with their individual care plans. We viewed the personal care and support records of four people who used the service, and saw that each contained a comprehensive care plan that was developed with the person and their relatives where appropriate. Each care plan contained information on the person's care needs and preferences relating to personal care, nutrition and hydration, keeping safe, medication, social inclusion and mobility. These contained clear information for staff on how to support the person within their preferences. For example, one person was supported to walk to the barber once per week for a shave rather than be supported to shave themselves in their own home. This demonstrated that the support people received was flexible according to their needs and preferences.

Staff we spoke with told us that care plans accurately outlined the support people required. However, the provider may find it useful to note that two of the care plans we viewed contained typographical errors which meant that some of the information was unclear. For example, one plan referred to the person's relative as "Mr Grandoson" when it meant their grandson who had an entirely different name. Another plan referred to the person having "austroprosis" in place of osteoporosis. Errors such as these could increase the chance of mistakes or inaccurate information being passed on in relation to the person's needs, care and support.

Care and support were planned and delivered in ways that were intended to ensure people's safety and welfare. Each person's records we viewed contained a number of risk assessments with clear measures to ensure people's safety. For example, one person required the support of two staff to safely move from their wheelchair to a chair. Their risk assessment contained clear guidelines for staff on how to support the person safely while transferring. Additionally, the Registered Manager told us they were working with the local authority to source a hoist for the person to further reduce the risks associated with moving around. This meant the provider took steps to improve safety when providing support.

There were arrangements in place to deal with foreseeable emergencies. The provider had an on-call system so staff and people who used the service could contact them in an emergency. People told us this system worked well.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from occurring.

Reasons for our judgement

We viewed the personnel records of four care workers and saw that each had attended training in abuse awareness and safeguarding adults' reporting procedures through the provider's induction training programme. The Registered Manager told us that all staff were booked to attend safeguarding adults' training through the local authority to cement their understanding.

Staff we spoke with responded appropriately when we asked them specifically about abuse. One care worker told us "I would first of all make sure the person was safe and comfortable, then report any suspected abuse to my manager who I'm sure would contact the local authority. If they didn't then I would contact the local authority and report it myself". The Registered Manager displayed appropriate knowledge of reporting procedures, and similarly expressed concern for the person who used the service as the first priority when responding to an allegation or a disclosure of abuse. They told us "I would make sure the service user is safe and not panicking, first of all". This demonstrated that the provider was aware of the impact of abuse on the person.

People who used the service were provided with information on abuse and contact details for reporting concerns through the service's 'Customer information guide'.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were supported by suitably skilled, qualified and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We viewed the personnel records of four care workers and saw that each contained a record of their Enhanced Disclosure and Barring Service check, demonstrating they were not barred from working with vulnerable adults. Each staff file also contained at least two written references which the Registered Manager verified with the referee to ensure they were legitimate and accurate.

Each staff file we viewed contained record of the person's proof of identity and right to work in the United Kingdom, as well as the application form they completed outlining their employment history in health and social care. The applicant's interview notes were also retained in their file demonstrating their knowledge and skills when they applied for the position.

The provider maintained a comprehensive induction programme which all applicants completed. This included e-learning modules and classroom-based training. Some care workers held appropriate qualifications such as the National Vocational Qualification in Health and Social Care to level two or three, which they had obtained prior to starting work with Bluebird Care Islington. The Registered Manager told us they held a level four management qualification and were supporting all staff who did not hold an appropriate qualification to enrol in a suitable programme.

Each staff file we viewed contained record of the shadow shifts the care worker had undertaken as part of their induction, prior to working alone with vulnerable people. Each staff file also contained competency assessments for various tasks such as administering medication to ensure that care workers were able to fulfil these duties safely.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of the service people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and support and they were acted upon. We viewed the records of a series of spot checks the Registered Manager had undertaken to ensure staff were working effectively, and that people who used the service and their relatives were satisfied with the support they received.

Additionally, the provider told us they planned an annual satisfaction survey for people who used the service and their representatives, however at the time of our visit this had not yet occurred as the service had only been in operation for a short period. The provider also planned a series of audits on staff supervision, care planning and reviews, records, and complaints.

The provider took account of complaints and comments to improve the service. We saw documentation that one relative requested a change to the service their relative received and the provider acted on this. When we spoke with people who used the service and their relatives, they told us they were aware of how to make a formal complaint and would do so if necessary, but felt they could phone and speak with the service managers at any time and their concerns would be addressed. The service's 'Customer information guide' contained contact information for a local advocacy service so people could be supported to make a complaint if they wished.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records were accurate and fit for purpose. The provider maintained a folder for each person who used the service which contained all records and correspondence relating to their support. The folders that we viewed were all neatly kept, well-organised and contained up-to-date information that was useful to the person and staff. However, the provider may find it useful to note that one person's records contained a document relating to another person that had been misfiled.

Each person who used the service was provided with their own copies of all important documents relating to their care and support.

Staff records and other records relevant to the management of the service were accurate and fit for purpose. All staff and service management records we viewed were well-organised, clear and neatly maintained.

Records were kept securely and could be located promptly when needed. All personal information relating to staff and people who used the service was kept in a locked filing cabinet in the service's office, which was also kept locked when not directly in use.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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