Inspection Report

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

Bluebird Care Redbridge

137 George Lane, London, E18 1AN

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Date of Inspection: 24 April 2013

Date of Publication: May 2013

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	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	K&T McCormack Limited
Registered Manager	Mrs. Tracey McCormack
Overview of the service	Bluebird Care is a domiciliary care agency providing personal care to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 24 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, received feedback from people using comment cards and reviewed information sent to us by other authorities.

What people told us and what we found

People told us that staff at Bluebird Care respected their privacy, dignity and independence. One person said "whatever I ask of them (staff) they do". Other people told us that they were able to give their opinions about how they and their relatives were treated and cared for and that they were listened to.

We found that people were involved in making decisions about their own treatment and care and that care was planned and delivered according to assessed need. One person said "they are really very good". However, we did find that on some occasions, through missed appointments, people had experienced care, treatment and support that had not met their needs.

There were processes in place to protect people from potential abuse. We found staff were supported to deliver care and treatment safely and that there were quality checks in place to ensure that people received safe care that met their needs.

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

What we have told the provider to do

We have asked the provider to send us a report by 24 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We examined five care plans and found that people had signed these in confirmation of their knowledge and agreement with the contents. Assessments included people's views as to how they wanted to be supported. For instance, one person's care plan encouraged conversations with carers about life in Cyprus.

People told us they were treated with dignity and respect. One person said "they (staff) do care about us". Another person said "they are absolutely wonderful, brilliant".

Staff told us of the importance of treating their 'customers' with dignity. They gave examples of how they did this which included making sure they were on time for appointments, ensuring they understood care plans and discussing care needs.

We saw that care plans were reviewed six-monthly to ensure that up to date information was available about people's needs and how to meet these. People and their relatives had the opportunity to discuss changing care needs and these were responded to. For instance a relative spoke to us about the changing care needs of her mother following a broken wrist, how staff had re-assessed her needs with their involvement leading to a new care plan.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People told us that staff had a good understanding of how to meet their needs. One person said of their carers "they know my needs". Another person said "they are really very good". People told us that they usually had the same regular carers, which they valued, and that staff were generally punctual. The care manager told us that during recent poor weather conditions staff had been paired with other staff who had their own transport so that they could get to appointments on time to provide care.

However, we found that the service provided was not always reliable at weekends. For example we saw records of missed calls on three consecutive weekends in March and April 2013. The provider confirmed that this was correct and that in some cases the call was totally missed because of last minute staff absence and in others one member of staff had provided support to people who required the support of two staff. This meant that people were not always receiving the care that they needed and that care was not always provided safely. The provider told us that on each occasion staff had been called to the office to discuss and explain the situation. They also told us that they were trying to resolve the situation by making changes to staff rosters so there were more staff available at weekends.

We found that care plans and risk assessments were in place. Care plans contained details of peoples' assessed needs and how they were to be met. These included medication, mobility and personal care. Staff were aware of peoples' care needs and what action to take if there were concerns. For instance one carer told us how an ambulance had been called because of concerns about a person's deteriorating health. We saw that care plans were regularly reviewed, and senior staff told us that if there were any changes the care staff were informed. This was confirmed by care staff. When there were concerns about a persons health and welfare the service contacted relevant professionals. For example the care manager told us how care concerns were escalated to a district nurse when one person had showed signs of potentially developing a pressure sore.

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 abuse from happening.

Reasons for our judgement

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 abuse from happening. One person said "I feel safe and happy". There was a safeguarding policy folder in the main staff office that was easily accessible to staff. It contained the service provider's policy on safeguarding and action to take in the event of suspecting possible abuse. There were also contact details for the local authority's safeguarding team and independent advocacy services.

The provider had a clear policy relating to financial transactions with people which was understood by staff we spoke to. We saw examples where financial logs were in place, countersigned by people and staff. There was a clear policy also in relation to key-safe numbers. Numbers were released to staff once staff rosters were confirmed to maintain the safety of key-safe codes. Staff we spoke with understood the importance of this and how it kept people safe.

Both the manager and staff we spoke with demonstrated an understanding of what constituted abuse and the local process for making a referral. The care manager gave an example where the service had worked with the local safeguarding team on an issue of potential abuse. Staff had been trained in safeguarding awareness during their induction and there was evidence of training certificates in the staff folders we examined. Staff training was recorded on a training matrix which identified when refresher training was due.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. People told us that they thought staff had the skills to support them. One person said "they are understanding and know what they are doing."

We spoke with staff who told us they had undertaken an initial three day structured induction program followed by an appraisal at three months. New staff told us that they shadowed more experienced carers as they provided care to people as part of their induction, and received monthly supervision. We saw records of this on staff files. Staff said they continued to receive support and training after their induction. Records showed that in addition to induction training staff had received an annual update for moving and handling, medication and safeguarding. This meant that staff received basic training to enable them to carry out their duties in a safe manner.

We found that some staff members had received specialist training when they were required to use specialist equipment. For example, training in how to use a cough assist machine from a staff nurse. However, the provider may wish to note that although staff had received training to meet people's essential needs, most had not received any more specific or targeted training to enable them to meet people's more complex needs, for example, end of life care or dementia. This could place people at risk of not receiving the care that they needed.

Records showed that staff generally had monthly one to one meetings with a supervisor. In addition they had group supervisions and an annual appraisal. We looked at supervision records that showed discussions on training needs, performance and issues relevant to people who used the service. In addition, the care manager told us that the provider was in the process of setting up a staff forum to improve learning. This meant that staff were provided with training and support to carry out their duties.

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and treatment and these were acted upon. People told us the service asked them about the care provided. When asked if staff consulted them, one person said "yes, my care is reviewed every year or sooner if needed".

We saw that the provider had a variety of quality assurance systems in place to monitor service delivery. This included a weekly management meeting where quality issues were discussed. Phone monitoring took place whereby people who used the service were called every three months for feedback about the care and support they received. Questions asked included if the carers arrived on time and if the person was satisfied with the care they had received.

We saw that feedback was acted upon. We were told by the care manager that improvements had been made as a result of these calls, for example ensuring carers arrived at a time that best suited the people receiving support. The service also carried out an annual survey which included writing to all people who use the service requesting they complete a questionnaire on the quality of service provided. Supervisors told us they regularly carried out spot checks at people's homes. They said this gave them the opportunity to speak to people directly, and also observe the care provided to make sure it was appropriate and safe. They told us they addressed any issues directly with the relevant care staff. This was supported by notes in staff files and confirmed by staff we spoke to.

Based on feedback from people who used the service, staff and management meetings, the care manager had recently developed a service action plan highlighting key areas to progress. This included transferring existing care plans onto new forms and reviewing risk assessments. The plan covered both people who use the service and staff with appropriate delivery timelines and named staff responsible for delivery.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People did not always experience care, treatment and support that met their needs and protected their rights.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 24 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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