Care Quality Commission

Inspection Report

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

Bluebird Care (Enfield)

Unit 10, 14 Centre Way, Claverings Industrial Estate, London, N9 0AH

Tel: 02088032441

Date of Inspection: 03 September 2014

Date of Publication: October 2014

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

Standard	Result
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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Renama UK Limited
Registered Manager	Miss Faustina Sackey
Overview of the service	Bluebird Care provides domiciliary care in people's own homes to approximately 30 adults. These include older people including some with dementia, as well as people with physical or learning disabilities.
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 announced 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 3 September 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.We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask: Is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary is based on discussions with management during the inspection, speaking with people using the service, their relatives and the staff supporting them and from looking at records.
If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

The provider had appropriate safeguarding policies and procedures in place and staff received appropriate training and information. Staff understood their responsibilities in safeguarding the people they supported and who to contact in the event of a concern.

Problems highlighted at the previous inspection in relation to the provision of care for those people who required two care workers had been addressed and additional checks had been introduced to make sure the correct number of staff were available. Recruitment practice was safe and thorough and ensured suitable checks were in place with regard to qualifications, employment history, identity and criminal records. There was suitable induction training for new staff and on-going supervision checks to ensure staff carried out their duties safely.

People were treated with dignity and respect by the staff. People we spoke with told us their care workers always protected their privacy when offering personal care.

Systems were in place to make sure accidents and incidents were reported along with complaints and other concerns and action was taken when required. This reduced risks to people and helped the service to monitor its performance.

There were procedures for managing emergencies and staff were aware of relevant

contact details to access help and support.

Is the service effective?

People using the service experienced care which was planned and delivered to meet their needs and to mitigate any risks. People using the service and their relatives were involved in the development of their care plans. Care needs were reviewed on a regular basis and care plans could be modified if needs changed. Records showed the care delivered reflected the current care plan.

People we spoke with told us their care workers were mostly punctual and carried out their duties effectively, although views were mixed. One person we spoke with said, "I've had problems with them in the past but the carers I have now are exceptional." Several people we spoke with felt the service did not always keep them adequately informed if there were delays or alterations to scheduled visits.

Is the service caring?

People we spoke with were satisfied with the care and support they experienced. Staff we spoke with were aware of the importance of respecting people choices in how their care was delivered. People we spoke with told us their care workers were kind and helpful and always willing to meet their needs. They told us they were treated with dignity and respect by the staff. People we spoke with told us their care workers always protected their privacy when offering personal care. One person remarked, "They're very kind, they treat me very well."

Is the service responsive?

The relative of a person commented in regard to the quality of staff, "The standard is very mixed. Some of the carers we've had have been excellent but others have been incompetent and unable to speak English well enough to communicate properly."

People using the service received six monthly telephone reviews of the care they received during which people were encouraged to express their views. The provider conducted an annual customer satisfaction survey which indicated a satisfactory level of service.

There was a written complaints procedure which was readily available for people using the service. People were aware of the written procedure. Complaints had been recorded and had been investigated and managed correctly. One person using the service told us, "I have made a complaint in the past and it was sorted very quickly. They've improved and are much better now."

Is the service well-led?

Managers conducted regular checks at the homes of people using the service while care workers were there to ensure the care delivered was of good quality and in line with needs. The provider had a variety of systems to monitor the quality of service provided and audit their performance. People using the service and their relatives were provided with information about the service and were contacted regularly to obtain their feedback and views.

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 09 November 2014, 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.
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People using the service were involved in the planning of their care and support and their needs and preferences were taken into account. An introductory visit was carried out by the service manager or care coordinator before people started using the service to explain the provision of care and discuss their needs and the support required, along with details of individual preferences, choices and routines. The care records we saw contained details of personal preferences, including preferred name and daily routines. Cultural and gender preferences in relation to care workers had also been recorded to reflect equality and diverse needs. We saw too that where people had particular cultural needs related to their diet, this was acknowledged and addressed by staff. For example some people required halal food. Any language or communication difficulties were assessed in the development of the care plan and care workers were allocated appropriately to meet requirements whenever possible.

The initial assessment also involved others who were involved in the care of the person using the service such as family members or friends or neighbours. All people using the service were provided with a copy of their care plan and a service user guide which outlined information about the service, which included the provider's policy on confidentiality, personal choice, supporting independence, quality assurance, safeguarding, equality and diversity and how to make comments or complaints.

People using the service were treated with dignity and respect by their care workers. We spoke with three care workers employed by the service and the care manager. They told us training in dignity and respect was provided by the service as well as how to communicate with people who were not able to express themselves verbally. This included how to recognise facial expressions and body language. Care workers said they always informed people of the task they planned to undertake before delivering personal care to ensure consent, and said people were always given the choice of refusing care if they wished. They also told us they made sure they closed doors and curtains when washing to

protect people's privacy and dignity.

We spoke with people using the service who confirmed their care workers always treated them with dignity and respect, and told us they were able to make choices about when and how care was delivered. For example when they had a bath or shower, what food to eat and when meals were prepared.

People had the same care workers whenever possible and were usually told in advance if a different care worker would be visiting. Two care staff were introduced to each person when they started using the service so absences could be covered by the alternative care worker. The provider may wish to note three people reported they were not always informed if a care worker was running late or was being replaced by a different member of staff.

People were encouraged by their care workers to be as independent as possible and the staff we spoke to told us they always tried to help people manage their daily lives, eat and drink on their own and perform personal hygiene tasks as far as possible.

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.

Care and treatment was planned but not always delivered in a way that ensured people's safety and welfare.

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

People's needs and risks were assessed by the provider prior to using the service and a suitable care plan and schedule was developed after a home visit by manager or care coordinator.

We looked at the care records of six people using the service. Each person's file contained a profile which provided an overview of their needs as assessed and the care required, as well as their personal and cultural background with contacts for next of kin and the person's GP. The care workers allocated to each person were indicated. There was also a full assessment of needs which was personalised for each individual and covered a range of aspects, including mobility, communication, medical background, nutritional and social needs as well as information on likes, dislikes and daily routine. Environmental and personal risk assessment for each person had been carried out with any action required to mitigate identified risks recorded.

A care plan showing a timetable of visits and the action required by the care worker at each visit was recorded in each person's file. Some of the files we saw contained a significant amount of older documentation which meant care records were sometimes difficult to navigate as they were not always ordered correctly and did not clearly reflect the most recent care arrangements. Three of the six current care plans we saw were dated and signed by the person using the service or their representative to indicate agreement to the care offered. A copy of the care plan was provided for each person to keep at their home and this was confirmed by the people we spoke with. Staff told us they always read the care plan for each new person they visited before providing care so they were familiar with their individual needs and background. These measures demonstrated care was planned and scheduled to meet the needs of people using the service and ensure their safety and welfare.

All the people we spoke with confirmed they had a copy of their care plan at home and said they would call the office if they had any cause for complaint.

The previous inspection of this service highlighted a lack of adequate support for some people using the service who required two care workers for some visits (a 'double up' visit) to assist them with personal care, where on several occasions only one care worker had been present. We checked the daily records of those people who required double up visits and saw in each case two care workers had signed the daily log for each visit. We spoke with four people who received double up visits and they confirmed this aspect of the service had improved, although one person said there were still some occasions when the second care worker was too late to provide assistance. The registered manager told us additional checks of staff rotas had been introduced and staff were called on a weekly basis to ensure these visits were being managed correctly.

Care plans were reviewed and updated annually or as required as and when needs changed. All the care plans we saw had been updated within the last 12 months. However the provider may wish to note the volume of documentation in some files made it difficult to identify changes or additions to care arrangements in some cases as the relevant information was recorded separately and was not always duplicated in the current care plan.

Daily record sheets were completed by care workers for every person using the service. We saw a selection daily records which had been signed and dated by care workers and contained details of the care delivered along with any comments or concerns.

Six monthly telephone reviews were carried out for each person using the service and this was evidenced in all the files we saw and included feedback on time keeping, whether any changes to care were needed and whether staff were providing support in line with the care plan. This meant people were monitored regularly to ensure care was delivered in line with current needs and any concerns could be addressed promptly.

We spoke with seven people who used the service who had mixed views about the service they received. Although they reported their care workers were caring and kind and generally fulfilled all the tasks they were required to do, four said they were often not informed if care staff were delayed or unable to attend. The relative of one person said this had led to their family member missing regular meals and delays in being able to get dressed in the morning. Another person told us they found this lack of communication distressing and unsettling, saying, "They don't let you know if they're going to be late or if they're not coming, you're just left not knowing what will happen."

In addition, three people told us some care workers did not speak a good enough standard of English to be able to communicate effectively with those they cared for, which lead to misunderstandings and this meant people's safety and well-being may be at risk. One person reported that on one occasion there was concern that the care worker had not been able to communicate effectively with other health care professionals when there was a problem, including their GP. The relative of another told us that their family member had been given inappropriate food on more than one occasion but was not able to make herself understood at the time, saying, "One carer spoke very poor English which was a worry – they shouldn't be looking after people if they can't communicate or be understood."

There were arrangements were in place to ensure people's safety in the event of emergency. The care plans we reviewed included background details of any health issues or risks, and all had contact numbers for the GP and the office. Staff we spoke with told us they would contact the office or person's GP for support or an ambulance if appropriate in the event of a medical emergency. There was a 24 hour telephone support service for staff

when the office was closed and staff we spoke with were aware of this. Some staff files showed evidence of training in emergency first aid.

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

The provider had suitable policies and procedures in place to ensure vulnerable adults were protected from harm or abuse. The service had a safeguarding policy file in the office which was readily accessible and up to date. This contained background information on safeguarding policy and appropriate procedures and reflected the local authority policy and procedures. The process for reporting any allegation of abuse or safeguarding concern was clearly outlined with all relevant contact points within the service, local authority and CQC.

One of the measures in place to safeguard people included the expectation of staff to wear identity badges at all times. The provider may wish to note three people we spoke with said staff did not always wear their badges, which meant any new or unfamiliar staff could not be identified as authorised staff offering the same skills and training as regular care workers.

Staff received regular safeguarding training and as part of their induction. We spoke to staff who confirmed this and they were able to provide a definition of different types of abuse. They informed us they had seen the provider's policies and procedures documentation on safeguarding and knew who to contact in the event of a safeguarding concern. We also saw evidence of recent training on safeguarding procedure in staff files.

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 cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had effective recruitment processes in place. On the day of our visit the service employed 30 care workers.

There was a recruitment policy for the service which outlined the procedure for recruiting new staff. We viewed the recruitment procedure and saw it was appropriate and robust. We viewed the files of five care workers. All files showed the documented recruitment procedures had been followed correctly. All contained records of the staff member's application and interview. This included details of previous employment and experience. Two suitable references had been obtained in all cases. Certificates of qualifications were also seen in some files.

We saw each staff file contained photo ID, along with confirmation of right to work in the UK where relevant. We saw evidence of criminal record checks for each member of staff, all except one within the last two years.

All the files we viewed contained a contract of employment and a signed health screening declaration confirming physical and mental fitness. We saw a record of the induction and shadowing programme undertaken by all new staff and evidence of evaluation and competency tests which been completed as part of this training. Training certificates were also contained in staff files showing details of recent training. There was no evidence in staff files that language skills had been assessed. The provider may wish to note that some of the staff we contacted did not speak English clearly and were difficult to understand.

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

Reasons for our judgement

The provider had suitable systems to monitor and assure the quality of care delivered to people using the service. For example, an annual customer satisfaction survey was carried out which consisted of a questionnaire sent to people using the service asking for their views on aspects of the service, including the quality of care received, competence of staff and responsiveness of management. We saw completed questionnaires in people's individual files and these indicated general satisfaction with the service overall although there was no overview or analysis of all questionnaires so trends or common themes could be highlighted and addressed if necessary.

There were quality monitoring forms at the front of each person's care file to check all relevant documentation was present, including consent forms, regular customer reviews, annual updates to the care plan, risk assessments and regular care worker visit sheets. Similar forms were kept at the front of each staff files, to ensure records were regularly checked for completeness and consistency.

The provider had a formal complaints procedure which the outlined the time lines for response to a complaint along with the relevant contacts at each stage of the process. Details of this procedure were contained in the service user manual which was supplied to all people using the service. We saw the file containing records of complaints and comments. There were several recorded complaints which had been addressed according to the stated procedure and had been resolved.

Four people we spoke with claimed they had had concerns previously about some care workers who they considered incompetent or unable to communicate well enough due to poor English, but said the agency had responded well and had resolved these problems by replacing care staff when they complained. One person told us, "We've had problems with care staff in the past but we had a meeting and they sorted it out."

There was a procedure for reporting accidents and incidents. We checked the file containing accident report sheets and saw they had been completed correctly in all cases and signed off. Staff were able to explain this process when asked.

Monthly spot checks were carried out by management for all staff to ensure the quality of care provided. This consisted of an unannounced visit to the home of the person using the service while the care worker was there. These checks were used to check care workers were carrying out their duties correctly, were punctual and treated people with courtesy and respect. Spot checks were recorded in staff files and indicated care workers were providing a good standard of care.

People were asked for their views on the care they received. There were six monthly telephone reviews with all people using the service which were used to check the quality of the care provided and included questions on the punctuality of care workers, whether they wore protective clothing when delivering personal care, whether they were adequately trained and how the service could be improved. The forms used for these reviews were seen in people's care files and all reviews had been conducted recently. However, the provider may wish to note we did not see any evidence of comments about poor communication when there were delays or although this had been mentioned by people we spoke to. In addition, there was no evidence of any overall analysis of this feedback or changes implemented as a result to show the service was responsive to required improvements. For example one person had requested an additional task be carried out by care staff but this change was not evidenced in the documented care plan so it was not possible to tell whether it had been implemented.

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: Care and treatment was planned but not always delivered in a way that ensured people's safety and welfare. People using the service were not always reliably informed of delays. The standard of English of some care workers was inadequate to ensure the safety and welfare of people using the service as people could not reliably communicate their needs and choices and care staff may not be effectively understood by the people they cared for or by other health care professionals in the event of a concern about health or safety. Regulation 9(1)(b)(i)(ii)

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 09 November 2014.

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 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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