

Renama UK Ltd

# Bluebird Care (Enfield)

## 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 

### Overall summary

This inspection took place on 21 October 2015 and we gave the provider two days' notice that we would be visiting their head office. At our last inspection in October 2014 the service was not meeting one of the standards we looked at. This related to the effective communication between staff and the people they supported. At this inspection we found that the service was now meeting this standard.

Bluebird Care (Enfield) provides personal care to people living at home. It provides care and support to people of

all ages but most of the people using the service at the time of our inspection were older people. There were approximately 52 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late and confirmed that if two staff were required they would come at the same time.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to reduce these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities.

Staff were provided with training in the areas they needed in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Good



### Is the service caring?

The service was caring. Staff treated people with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good



### Is the service responsive?

The service was responsive. The staff team listened to people and acted on their suggestions and wishes.

People felt confident to raise any concerns they had with any of the staff and management of the agency.

Good



### Is the service well-led?

The service was well-led. People were consulted about the quality of the service and their views were taken into account in order to improve.

Staff were well supported by the management team and clear guidance and advice was provided.

Good



# Bluebird Care (Enfield)

## 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 checked 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.

This inspection took place on 21 October 2015 and we gave the provider two days' notice that we would be visiting their head office. After our visit to the office we talked to four people using the service and their relatives over the phone and three people face to face. The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

Prior to the inspection we sent out 40 questionnaires to people using the service, their relatives, and staff working at the service and community professionals. We received nine questionnaires back.

We spoke with six staff as well as the registered manager.

We looked at seven people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, “I feel very safe.” A relative commented, “I trust the staff they are like an extended family.”

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police or the local authority.

Before people were offered a service, a pre assessment was undertaken by the management of the agency. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, nutrition, medicine administration and potential cognitive impairments.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks.

For example, risk assessments clearly stated if one or two staff were needed to support the person with personal care. Staff told us that the agency made sure that two staff attended a person’s home where this was required.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. The manager told us all staff were informed of any changes in a person’s care needs or risks and staff confirmed this.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late. One person commented, “I would just like to say that my morning carer has been so kind. Always rings if she is going to be late.”

Staff did not raise any concerns with us about staffing levels and told us that two staff would be sent out to a person’s home if required by the care plan and risk assessment. People confirmed to us that if two staff were required they would come at the same time. Staff told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. For example, staff had noted that some people were not going out very much and after discussion with their manager and authorisation from the placing authority, they were given additional time to take people out shopping.

We checked staff files to see if the service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. The registered manager had attended training by the Border Control Agency (BCA) regarding checks that staff are able to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

Most people using the service only required staff to prompt them to take their medicines and the responsibility for reordering and collection was mainly with the person’s relative.

The agency management undertook spot checks on staff at the person’s home. These spot checks included medicine audits.

# Is the service effective?

## Our findings

People who used the service and their relatives were positive about the staff. They told us they had confidence in their abilities and that they felt the staff were, “very well trained”.

Staff were positive about the support they received in relation to supervision and training. Staff were provided with training in the areas they needed in order to support people effectively. One staff member commented, “I am fully supported by the management and receive training updates on a regular basis.” Another told us, that the agency provided, “good opportunities for training and growth”.

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines. Staff told us that they would discuss any training needs in their supervision.

Staff told us they were “up to date” with their training requirements. We saw that the computer system in the office highlighted when refresher training was due.

Staff confirmed they received regular supervision. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks undertaken by management were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests” which would involve asking people close to

the person as well as other professionals and advocates. Staff gave us an example of this in connection with a person’s finances which they said ensured this was now dealt with in a safe and secure way.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people’s ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people’s care plans so that the food they received was to their preference. Where appropriate and when this was part of a person’s care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking. We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. This included using thickening agents in drinks where a risk of choking had been highlighted by the speech and language therapist (SALT). People told us they were happy with the support they received with eating and drinking.

With the exception of a few people that received 24 hour live in care and support, the service did not take the primary responsibility for ensuring that people’s healthcare needs were addressed. However, the service required that any changes to people’s condition observed by staff when caring for someone were reported. Care plans showed the provider had obtained the necessary detail about people’s healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person’s health including emergency contacts.

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. One person told us that the staff who supported them were, “Very respectful, loving and caring” and “They do everything they can to help.” A relative commented that staff had, “a kind nature and professionalism”. Other people we spoke with told us the staff were, “kind” and “patient”.

People told us that staff listened to them respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. One person we spoke with told us, “They are very good and meet my needs.” Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office. A relative told us that office staff were, “Very professional.”

Staff understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people’s differences. For example, staff ensured that people could still follow their chosen faiths and we saw that people’s cultural preferences in relation to diet and activities were respected and being maintained. The registered manager told us that, as far as possible, staff from similar cultural backgrounds were matched to the people they supported.

At the last inspection of this service, people had concerns about some staff difficulties with communication. Some people told us they did not always understand the staff who supported them as English was their second language. The registered manager told us that the service had identified staff who had challenges in this area and had facilitated external English lessons for them. We were told that these staff had since left the agency. People we spoke with confirmed that there had been difficulties and that this issue had improved. We were told that staff now, “Communicate very well.” A relative told us that, “It’s a lot better.”

Staff told us they enjoyed supporting people and demonstrated a good understanding of people’s likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. Staff were able to give us examples of how they maintained people’s dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people’s privacy when giving personal care was vital in protecting people’s dignity.

# Is the service responsive?

## Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns. For example, we saw the following entry in a daily report, "[person's name] was a little bit chesty when I arrived so I called the doctor."

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for seven people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the agency only supported people whose care needs could be met.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority. Where these needs had changed, usually because someone had become more dependent, the agency applied to the placing authority for increased hours.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I know how to do this [complain] I've done that before. I'm happy with everything." A relative we spoke with commented, "We had some problems with staff arriving late. I went to the office and it's all sorted now. They ring if they are going to be late." Another relative said, "If I had a problem I would sort it out in the office, no problem."

There had been no formal complaints recorded for the year. We saw that people were phoned on a regular basis to see if they had any complaints and complaints were discussed at review meetings and people were reminded how to make a complaint. The registered manager told us there had been a few verbal complaints, generally about staff coming late. We discussed the usefulness of recording all complaints both written and verbal so these could be monitored more effectively.

The complaints record showed that any past concerns or complaints were responded to appropriately and each entry included the outcome of any investigation.



## Is the service well-led?

### Our findings

People using the service and their relatives were positive about the management of the agency. A relative told us, “The office staff are very professional.”

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, medicine audits, regular reviews of service provision and telephone interviews with people using the service. People told us they could raise any issues with the management as well as make any suggestions for improvement. We saw the results of the most recent quality monitoring survey, which was positive and included the following comment from a relative, “The service mum gets is excellent.”

We saw that action had been taken as a result of comments and feedback from people using the service and their relatives. For example, due to some concerns about staff

lateness and communication, the office now phoned people every Friday to make sure that staff had arrived on time in the week and to identify any potential concerns or just to see if they were happy with the service.

Staff were also very positive about the management and the support and advice they received from them. One staff member told us, “I can approach them. They listen to what I bring.”

There were regular staff meetings and we saw that staff were able to comment and make suggestions for improvements to the service. Staff told us that these meetings were a positive experience and they felt able to raise any concerns or suggestions.

Staff told us that they were aware of the organisation’s visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. They told us that, “everyone is an individual” and that, “the customer always comes first.” When we discussed these visions and values with the management team it was clear that these values were shared across the service.