

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 ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. At our last inspection in October 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and there were systems in place to ensure there was enough staff to meet people's needs.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People had a care plan that provided staff with direction and guidance about how to meet their individual needs and wishes. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People told us they were involved in decisions about their care and were aware of their care plans.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed.

Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals.

People confirmed there was a stable staff team and that care was provided by familiar faces. Staff told us that travel times were sufficient, so they were not rushed.

People's feedback about their experience of the service was positive. People said staff treated them respectfully and asked them how they wanted their care and support to be provided. People told us they had their care visits as planned. Staff mostly arrived on time and stayed for the allotted time. Nobody

reported any recent missed visits.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. Supplies were available around the building for staff to use when they needed them.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity.

There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives in order to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 February 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

The inspection was carried out by two adult social care inspectors and two Experts by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were 70 people using the service at the time of our inspection visit. During the inspection, we spoke with twelve people and five relatives, and visited one person in their home. We also spoke to eight care staff, the care manager, the care coordinator and the registered manager.

We reviewed the care records for eight people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for six members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including complaint and safeguarding records, to see how the service was run.

## Is the service safe?

### Our findings

People said they felt safe and that staff understood their needs. Comments from people included "Yes, I generally feel safe and they treat me well." and "Wonderful staff. Yes, very safe. I have full confidence in them."

People were protected from the risk of abuse because staff knew and understood their responsibilities to keep people safe and protect them from harm. We saw the staff training records which showed all staff were up to date with safeguarding vulnerable adults training. Staff told us they had received training to help them identify possible signs of abuse and understand what action to take. If staff had any concerns they were confident the managers of the service would take appropriate action. One care worker we spoke with told us, "It is my duty to ensure the customer is safe in every aspect."

Staff had received training and were assessed by senior staff on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were completed to confirm that staff had given medicines as prescribed. The provider had systems in place to regularly check MARs were fully and accurately completed.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The staff records we inspected showed that appropriate checks had been carried out before they started work. They included completion of application forms, interview notes and reference checks, as well as their right to work where applicable. Enhanced Disclosure and Barring Service (DBS) checks were also completed.

The registered manager or a senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment. Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility, medicine management and pets. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and any action taken. These were investigated by the care manager and were discussed with the provider which helped to identify any potential patterns or trends.

There were sufficient staff employed to keep people safe. Feedback indicated visits were punctual and there had been no recent missed calls, people were always informed if a carer was running late. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. They told us if they were delayed, because of traffic or needing to stay longer at their previous visit, they either rang the person who used the service to let them know they would be late or they would ring the office and management would let people know. People usually had a regular carer but were also introduced to a small number of other carers who covered for absences. One person told us, "I

have never been let down, they have always turned up and they let me know if they are going to be a little late."

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service learnt lessons and made improvements when things went wrong. For example following a recent serious incident the provider had reminded all staff of their 'no response policy'. Staff we spoke with demonstrated a good understanding of this policy. They said this was discussed at a team meeting as a result of a recent incident. One care worker told us, "If the customer did not open their door, no way would I leave without knowing the person was safe."

The registered manager also told us they were in the process of setting up set up an electronic call monitoring system to ensure they were immediately alerted if a care worker did not turn up at the allocated time.

## Is the service effective?

### Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. We were told all staff were expected to complete the care certificate and were supported to do this by a senior manager who was an approved assessor. The care certificate is a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. When new staff started in post they completed an induction programme. They then shadowed an experienced member of staff until they were confident to work unsupervised. One member of staff told us they shadowed for one week and were monitored by a senior member of staff to ensure they, "Had a good understanding of the customer's requirements before working alone."

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. They said the training was of a good standard and was mainly face to face. One care worker told us, "Training is of a good quality and delivered in a classroom environment. We can take notes and have a discussion with each other about what we are learning". A member of staff told us how they learnt from a visiting speech and language therapist how to support a person to eat and drink safely. They said, "We must learn from the professionals."

There was a system in place to make sure staff received appropriate training and refresher training was kept up to date. The overall staff training record showed that all staff were up to date with their mandatory training. This included safeguarding vulnerable adults and children; Mental Capacity act; basic life support; moving and handling; medication; food hygiene and fire safety awareness. We also noted that individual staff had done additional training such as epilepsy training and dementia awareness.

Staff received regular supervision with senior staff and the staff we spoke with all told us they were well supported in their roles. In addition to supervision meetings, staff were periodically observed whilst they provided care to people. Most staff records showed that regular supervision and annual appraisals took place. One member of staff told us, "I like having that one to one time to discuss my work." We saw an appraisal record where a care worker discussed their need to do epilepsy training; their training record showed they had subsequently completed this training.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each



individual person could make and when they may need support to make decisions. There were records of whether anyone had formal arrangements in place under the MCA such as power of attorneys.

Staff told us they asked people for their consent before delivering care and they respected people's choice to refuse support. We were told, "I know there are definitely decisions and choices which my customers can make; I cannot just decide for them." Another told us, "I never rush; I like to give plenty of time for my person to decide what to wear, and take them to the wardrobe to choose." They said they always recorded a person's refusal and if it persisted, they would inform their supervisor. A person who used the service told us, "Goodness, my carer asks my agreement before they do anything even though I trust them to always do the right thing by me."

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. The management team told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff that were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

## Is the service caring?

### Our findings

People who used the service told us they were treated with dignity, respect and that staff were caring. Comments included, "My carer is very genuine, they really have the right aptitude for the job", "Nothing ever seems too much for them, even if I am having an 'off' day "and "I'm very shaky, but she gives me a lovely shower and is all fine. Yes, she goes at my pace. I wouldn't want anyone else."

We found staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Staff were motivated and clearly passionate about making a difference to people's lives. One told us, "I love this work; some people may think it is not difficult but you have to want to do it in order to do it properly."

New staff were introduced to people before they started to work with them; people were introduced to a small range of carers who covered for each other in the event of sickness or leave. This meant people usually received care from staff they had previously met. A carer who had worked with the provider for a long time told us they liked to, "Settle in new workers with customers and make sure they are comfortable with the carer."

Care staff told us how they made sure people's privacy and dignity was maintained when they were providing personal care. They said, "I make sure there are no open doors and windows; and once I get their consent, I tell the customer everything I do as I am doing it." A relative told us "They're very courteous and treat me and my wife with respect. They make you feel happy and not worry about your ailments. They make conversation which helps to lighten things when they're washing me."

The service also responded positively to requests for culturally appropriate care. At the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support.

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

We found that staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "I was very much involved in the care planning and they do six-monthly reviews."

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered taking into account what people needed and what they wanted. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's preferences and daily routines were recorded. One care plan we saw detailed the importance of the person's pet in their life. Care plans were reviewed every six months. We looked at documentation in a person's own home. We noted that there was evidence of a care plan review every six months. The care plan on file was the original one from when the care package was first set up 18 months prior to this inspection. Subsequent reviews were evidenced by an updated front sheet which noted the date of the review and the person's signature. However, there was no record of any discussion which might have taken place during the care plan review. We discussed this with the registered manager who told us they would take immediate action to update all the care plans to reflect the reviews completed.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. We saw that the care worker recorded all activities carried out and how the person they supported appeared. We also saw examples where staff had provided additional support, for example a care worker told us how she had helped a person who had recently moved into the area to register with a GP.

People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to. One person we spoke with told us, "I sort out things as they occur and they are never big matters. I have occasionally rung into the office but prefer to speak directly with my carer."

## Is the service well-led?

### Our findings

The service had a positive ethos and an open culture. People who use the service and their relatives told us they had a good relationship with the management team and told us they felt confident the service was well-led.

Comments from people included, "Bluebird Care is good. Not like the other one before" and "I'd give them 8 out of 10 and I'd like them to keep sending me nice carers, I think it is well managed."

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

The service operated in an open and transparent way by being inclusive with its staff team and the people it supported. The registered manager focused on putting people first, working together and ensuring care was person centred and individualised. The registered manager and senior staff regularly monitored the operation of the service through frequent spot checks and audits. These included checking care practice, checking records which demonstrated people received their visits on time; checking medicine records were accurately completed, monitoring care plans to ensure they were regularly reviewed and monitoring accidents and incidents.

Staff told us they could visit the office to speak with members of the senior staff team and the registered manager at any time. Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Care workers praised the registered manager had told us they an 'open door' policy and were "always friendly and helpful" comments included "the manager is firm but fair. She does not shy away from addressing things with us when needed, and will call us in immediately to speak with us about something." And "it's like a family working here; there is effective communication, support and encouragement."

There was an on-call out of hour's system in place. This was covered by the care coordinator or a senior carer. Staff told us they always got a response when they needed to call for advice and said, "It is a very helpful system. I always get a quick response."

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept

at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes.

The provider engaged with and involved stakeholders in the development of the service. The management team told us everyone using the service was recently sent a survey. We saw that the responses were mainly positive.

The service worked in partnership with other agencies to support care provision and development. This included attending a local authority's providers meetings.

The registered manager was committed to continuous learning for themselves and for their staff. They had ensured their own knowledge was kept up to date and were passionate about providing a quality service to people, they told us they received regular support from The Bluebird Franchise Association.

The agency was also a member of United Kingdom Homecare Association (UKHA), the professional association of home care providers This was as an important aspect of continual improvement and development of the service.