

MJ CareCentre Limited

Bluebird Care (Harrow)

Inspection report

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Harrow
Middlesex
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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

Bluebird (Harrow) is a domiciliary care agency that is registered to provide personal care to adults living in their own homes. At the time of this inspection 90 older people were supported by the agency.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Care workers had received up to date training in areas related to safety. They had completed training in safeguarding and medicine handling.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse.

Staffing levels were flexible so that if people needed extra support because of illness or other commitments there were staff available for this.

Care workers were knowledgeable and skilled in their role. We saw they had received training in essential areas of their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access health care professionals where required. Care workers worked with other healthcare professionals to monitor people's conditions.

Care workers were caring and compassionate. People were treated with privacy, dignity and respect.

People's needs had been assessed and information from these assessments had been used to plan the support they received.

There were systems in place to assess and monitor the quality of the service. These included an audit medicines management, care records, health and safety and staff records.

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 remains Safe.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

Bluebird Care (Harrow)

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 28 April 2017 and was unannounced. The provider was given 48 hours' notice because the location provides care to people in their own homes and we needed to be sure that a senior member of staff would be at the registered office. The inspection was carried out by a single inspector.

Prior to the inspection the provider completed and returned to us 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.

During the course of the inspection we spoke with five relatives of people who used the service by telephone, along with five people using the service. We were not able to contact other people because they were not available to answer our calls. We also spoke with the registered manager, the directors of the service, and seven care workers. We examined various records, including records of seven people who used the service, such as risk assessments, and care plans. We looked at seven staff files and checked training and recruitment records. We looked at various policies and procedures including safeguarding, whistleblowing and complaints procedure.

Is the service safe?

Our findings

People told us that they felt safe with the care workers who supported them. One person told us, "[This care worker] looks after me well." Another person said, "I don't have worries with staff. They look after me well."

Care workers spoke about areas of risk knowledgeably. They correctly described what they would do if they witnessed or suspected that abuse had taken place. They were also aware they could report to the local authority or Care Quality Commission (CQC). Safeguarding notifications had been sent to CQC.

Risk assessments were in place for each individual. These covered physical care, clinical care and mental health needs of people. The service was also ready to act where risk was identified. For example, the service had made improvements in their management of risks related to falls, pressure sores, nutrition risk, epilepsy and diabetes following a local authority visit in April 2016. We also saw that internal and external environmental risk assessments had been completed. For example, risks associated with wet floors, clutter, slippery driveway, and inadequate lighting had been carried out.

The registered manager told us staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. A relative of a person receiving care commented, "I would especially like to thank [management] who are in constant contact with me regarding the care worker. [Our care worker] was on leave last week and they both tried to find a good care worker in her absence."

Safer recruitment practices were in place to ensure that suitable staff were employed. Checks included proof of identification, two references and disclosure and barring service checks (to ensure that staff were suitable to work within health and social care) were completed.

Care workers confirmed they had received training in handling medicines and were able to tell us about safe practice. Medicines records were fully completed which confirmed that people received their medicines at the right time, in the correct dosage. This was confirmed by other people we spoke with. The service had taken action following the local authority recommendations for risk assessments for people on warfarin.

People were protected from the risk and spread of infection. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. The care plans of people contained guidance for infection control.

Is the service effective?

Our findings

People told us that they received care which promoted their health and wellbeing. One person told us, "My [care worker] supports me with my care." Another person said, "My [care worker] assists me with my hospital appointments."

People told us that care workers were knowledgeable and skilled in their role. Positive comments we received included; '[This care worker] was calm, reassuring and professional when handling difficult situations. I would have no hesitation in recommending Bluebird' and "The [care workers] are on time, brisk and proficient. I am very happy with the service your agency is providing."

Care workers told us, and records confirmed that new staff received an induction. This was based on the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. Care workers had attended a variety of training, which included moving and handling and safeguarding adults. They also had the opportunity to shadow experienced staff members before they could work on their own. Additional training such as management of pressure sores and diabetes were also provided to meet specific needs of some people.

Care workers had been provided with regular supervisions. They confirmed supervisions were provided regularly. Care workers were also supported by annual appraisals where their development was discussed. Comments from staff included, "Since starting with Bluebird I have tried to improve my qualifications and I have now completed my Level 3 in Health and Social care" and "Being with Bluebird, they have always encouraged me to do my NVQ and other training to advance my career."

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The service was working within the principles of the Mental Capacity Act 2005 (MCA). They followed the Act when they were making particular decisions on behalf of people who lacked the mental capacity to do so for themselves. For example, one person who had dementia did not have the ability to make decisions. As a result, a decision was made in the person's best interests. Relatives of the person, health and social care professionals were also involved.

People received the support they needed in relation to nutrition and hydration. People's care plans included information on nutrition and hydration. This included, 'types of food I like and dislikes', 'types of drink I like and dislike'. People told us that they were supported with their meals.

People were supported to access health care professionals where required. Care workers worked with other healthcare professionals to monitor people's conditions. For instance, people told us care workers supported them to make their appointments and at times accompanied them.

Is the service caring?

Our findings

People told us that care workers were caring and compassionate. One relative commented, "[This care worker] was extremely patient and caring with my [relative]. This care worker has established a good rapport with [my relative] and sometimes very kindly stayed on in her own time to help [my relative]." One person told us, "I am well cared for."

A satisfaction survey that was carried in January 2017 received mostly positive feedback to the question, 'do care workers treat you with respect and politeness.' The relatives of people told us that care workers were caring and kind.

People told us that they were treated with dignity and respect. Care workers told us, they explained to people what they were doing before they delivered care. They told us that they knocked and waited for a response before they entered people's homes. This ensured that people's privacy was respected.

People's spiritual or cultural wishes were respected. This included a choice for same gender staff or how they preferred their food cooked. A relative of one person told us, "[Care workers] have always respected [my relative's] needs. [My relative] eats halal meat and this is supported."

The service provided regular care workers to ensure continuity of care. This also enabled care workers to build relationships with people. People told us, "If my regular [care worker] is away the service organises for someone who knows me to come."

The service had good community links. People were invited to attend a variety of social events in the area. This included attending the 'autism awareness week' and 'dementia week', which the service had hosted. People were invited to tea and coffee afternoons at a local community hall. The registered manager told us a few people attended these activities. Most did not attend because of their complex needs. The service also arranged transport to pick up and drop people back home safely. During Easter the service handed out Easter baskets to people and invited them to play board games and bingo.

Is the service responsive?

Our findings

People told us care was focused on their needs and preferences. One person told us, "Care workers are aware of my needs." A relative said, "We are involved in reviews."

We examined care plans and found evidence of involvement of people using the service and their relatives. For instance, each person had a 'care assessment' agreement. This stated, 'I, the signatory below have been involved in drawing up this plan. I give my consent to the care to be provided as described in the care and support plan.'

Care plans reflected people's individual preferences and included, 'what is important to me', 'what I would like to achieve from receiving care at home and 'what personal care support I require'. Other preferences such as routines and habits were noted. This ensured care workers were aware of the care needs of people.

Relatives told us and we saw that people's views about the care were regularly sought. The service carried out an annual satisfaction survey to gain people's feedback. There were also regular meetings with people and their relatives. Relatives of people told us that the service was responsive to people's needs. One relative told us, "[The service] readily takes care of any issues raised."

A survey that was carried in January 2017 showed that 90% of people were happy with Bluebird. However, 32% reported that they had not received an information guide, 23% stated they were not informed if staff were running late, 12% said they were unaware of the complaints procedure and 5% said they were not happy with Bluebird. The registered manager showed us an improvement plan, which was designed to address all areas of concern. As part of this inspection we spoke with some people or their relatives. They all gave favourable comments about the agency.

Where relevant, people had a hospital passport to assist if they went into hospital. The hospital passport contained information for staff unfamiliar with the person. This included headlines such as 'things you must know about me'; 'things that are important to me' and 'my likes and dislikes'. This ensured people continued to receive care that met their needs.

The service had a complaints procedure in place which included timescales for responding to complaints. The registered manager told us the procedure was given to people when they first began to use the service. People using the service and their relatives told us they were aware of the complaints procedure. One person told us, "I know what to do, I would ring them. They are very responsive." Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. Following the satisfaction survey that was carried out in January 2017, we saw that the service had contacted people who were unaware of the complaints procedure to explain the process.

Is the service well-led?

Our findings

People and their relatives gave positive comments about the service. They told us the leadership of the service was good. One person told us, "The manager knows her job well." A relative said, "Overall, I am pleased with the manager." A social worker from a local authority told us the service was "good."

People knew who the registered manager was and found her to be helpful. 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.

We found the registered manager to be knowledgeable about people's needs. She was also aware of important operational aspects of the service. This showed she could effectively manage the service so that people reliably received the support they needed.

The registered manager ensured the approach to running the service was open and inclusive. Staff told us they were well supported by the management. They were consulted in the running of the service through regular surveys and other forums where they could share their ideas. For example, there was a staff suggestion box where staff could leave suggestions. They told us that their opinion was respected

There were suitable arrangements to monitor and evaluate the quality of the service. The service carried annual surveys, visits and telephone calls to people to check their satisfaction with the service. We saw that the feedback from people was variable. Most people reported that they were satisfied with the service. Where any concerns were reported the service had acted quickly to address shortfalls.

The service strived to make improvements in order to provide a high quality service. For example, the service had implemented a new IT system to improve how they managed and coordinated care with families. The new IT system enabled staff to account for all tasks and activities with people in real time. The registered manager demonstrated to us how this had improved how managers and coordinators monitored performance of staff.

Care workers had received regular supervision from senior staff, which included a 'spot check'. This allowed care workers to be observed whilst providing care. Where there were concerns about the performance of care workers, this had been addressed.

The service worked with external agencies and health and social care professionals to provide good care. This included, Age UK; Alzheimer's MIND; Parkinson's Society; National Autistic Society and GPs.