

A & D Hammonds Limited

Bluebird Care (Barking & Dagenham)

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

Bluebird Care (Barking and Dagenham) is a domiciliary care agency providing support with personal care to people living in their own homes. At the time of inspection 52 people were using the service. At the previous inspection of this service in August 2015 it was rated as Good. We made one requirement because the service had failed to notify the Care Quality Commission of allegations of abuse. During this inspection we found this issue had been addressed and the service remained Good.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff received training and supervision to support them in their role. People were able to make choices for themselves where they had the capacity to do so and the service operated within the principles of the Mental Capacity Act 2005. Where the service supported people with meal preparation people told us they were able to choose what they ate and drank. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. The service had various quality assurance and monitoring systems in place, which included seeking the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Bluebird Care (Barking & Dagenham)

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 the 22 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Before the inspection, the provider completed 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with ten people who used the service and two relatives. We spoke with eleven staff including the nominated individual, registered manager, office administrator, a field supervisor, a care coordinator and six care assistants. We looked at the care records for six people. We reviewed the recruitment and supervision for six staff and the training records for all staff. We looked at medicine records and quality assurance and monitoring systems. We sampled some policies and procedures including the complaints, whistleblowing and safeguarding procedures.

Is the service safe?

Our findings

At the previous inspection of this service in August 2015 we found they were in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009. This was because they had not always notified the Care Quality Commission (CQC) of allegations of abuse. During this inspection we found this issue had been addressed. Records showed that when there had been any allegations of abuse they had sent a notification to CQC. The service had also made a referral to the local authority. This was in line with the services policy about safeguarding adults.

People told us they felt safe using the service. One person said, "They help me with bathing and are very careful to make sure I don't slip or anything." A relative said, "My relative is very safe with the carer. I have absolutely no worries at all about safety."

Staff had undertaken training about safeguarding and were aware of their responsibility to report any safeguarding allegations. One member of staff told us, "I would tell the manager." Another staff member said, "I am going to report it to the manager and if I see the office is not taking care of things I can tell the police or social services."

In addition to the safeguarding policy the service had other policies designed to keep people safe. These included a whistleblowing policy and a policy about safeguarding people from financial abuse. This stated that where the service spent money on behalf of people, records had to be maintained and the person had to be provided with a receipt. Both the relevant staff member and person signed each time monies were spent. A member of staff said, "You keep the record of whatever you buy for the client and the receipt." Financial records were then returned to the office and were then checked by a senior member of staff.

The service had taken steps to provide care in a safe way. Risk assessments were in place which set out the risks each person faced and what action to take to mitigate those risks. Risk assessments covered risks associated with medicines, falls, moving and handling, the physical environment and infection control. Assessments were personalised and about the risks individuals faced. For example, the risk assessment for one person about infection control stated, "When giving [person] a strip wash use different flannels for different areas of the body, and change the water for upper and lower body."

Staff told us they had enough time on their visits to carry out all required tasks and they said they had enough time to get between visits. Staff told us that when a person needed two staff to support them this was always provided and they had never had to carry out on their own work where it was assessed two staff were required.

The service had robust staff recruitment practices in place. Staff told us and records confirmed that various checks were carried on new staff before they commenced working at the service. One staff member said, "They checked my DBS and passport." DBS stands for Disclosure and Barring Service and is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed appropriate checks were carried out on new staff including criminal records, previous

employment history, employment references and proof of identity. This meant the service had taken steps to recruit staff that were suitable to work in a care setting.

People were supported to take their medicines in a safe way. One person said, "They put the tablets in a little cup thing and watch me take them with a drink of water. Then they write everything in the book." Staff undertook training before they administered medicines which included an assessment of their competence to do so. Medicine administration charts were in place which included details of the name, strength, dose and time of each medicine to be given. Staff signed this chart each time they supported a person to take a medicine so there was a clear record of what medicines people had taken. Once the medicine charts were completed they were returned to the office where a senior member of staff carried out an audit of them. We saw records of these audits and also that action was taken to address any errors found on the medicine chart. This action included taking disciplinary action against staff where appropriate and ensuring staff undertook re-training about the safe administration of medicines.

Is the service effective?

Our findings

People told us staff were effective and had a good understanding of their job. One person said, "I think they are all well trained and know what they are doing." Another person said, "Hygiene is critical for me because I'm having chemotherapy and they are very good in that respect. I can usually manage to change my catheter bag myself but I'm sometimes afraid it might get on the floor if I have to bend down and they will always see to it for me if I need a hand."

Staff were supported in their role through training and supervision. Staff told us and records confirmed that they undertook an induction programme on commencing work at the service. This included classroom based training, shadowing experienced staff members and completing the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector. Staff had access to regular on-going training including training about infection control, food hygiene, working with people living with dementia and moving and handling. Staff undertook regular one to one supervision with a senior member of staff. Records showed this included discussions about training, people who used the service and staffing issues. A member of staff told us of their supervision, "Mostly I have it with the [registered] manager. They ask if there is any training you need, how are the clients, do you have any problems with them? Things like that."

People were supported to make choices about their care. Care plans included information about people's likes and dislikes and staff understood how to support people to make choices. Where people lacked capacity to make decisions records showed family members had been involved in making decisions about people's care. People signed consent forms to agree to receiving support from staff in line with the contents of their care plan.

People were able to make choices about what they ate. One person said, "We always have a chat about what I fancy today and then she gets it ready for me. She always sets it out nicely as well so that it looks appetising. She does me porridge for my breakfast with a bit of honey in it. It's lovely." Staff told us they asked people what they wanted, and where people lacked capacity to communicate this, details of food preferences were recorded in their care plans.

The service worked with other agencies to promote people's health. People told us they had support of other health agencies. Records showed the service had made referrals to other care agencies where there was a need. For example, one person's mobility had deteriorated and the service made a referral to the occupational therapy team to see if any adaptations could be made to the person's home. Staff told us they would call for an ambulance or contact the person's GP in the event that the person was unwell. Records confirmed this happened.

Is the service caring?

Our findings

People told us staff were kind and caring and that they were treated with respect by staff. One person said, "I've not been well and they have been kindness itself. You know when you feel really out of sorts because you're not very well and they have just given me a little hug and that really helps." Another person said, "These carers really do care about people and it shows. They always come in with a smile on their faces. It's like a breath of fresh air."

Care plans included information about promoting people's dignity, privacy and independence. They also clearly set out what people could do for themselves and what they required support with. Staff had a good understanding of how to support people in a respectful manner. One member of staff said, "I always make sure the bedroom door is closed if they live with family. Make the room and the water warm to make it a comfortable environment for them." The same staff member added, "We encourage them to do things for themselves. For example, if they can wash themselves we let them and just supervise." Another member of staff said, "If I am doing a strip wash I cover the part of the body I am not washing. All the time I make sure the door is closed."

The registered manager told us they provided people with the same regular care staff so they were able to build up good relations. They said where there was a change of carer they informed the person of this and always tried to provide an alternative member of staff who had previously worked with the person. People confirmed they usually got the same regular care staff. Staff had built up positive relations with people and told us they took the time to get to know people. They told us care plans provided them with information about people's likes and dislikes and records confirmed this.

The service sought to meet people's needs in relation to equality and diversity issues. People were able to choose the gender of their care staff. Care plans included information about people's religion and culture and if they had any dietary requirements linked to their religion. People were able to request staff that shared their religion. The registered manager told us that some people did not speak English but they were able to provide them with staff who spoke a shared language with them and people did not have any concerns about communication with staff.

Is the service responsive?

Our findings

People told us they were involved in planning their care. One person said, "They [office staff] came and talked to us about the care plan. They've made it very clear that if we contact them they can come and review things with us." Another person said, "When we first started with Bluebird, they came and went through everything I need. They had a look round the house and made a few recommendations for me to think about. They made it clear that if anything changes (in what support is needed) they will come and talk to me about it. It's very reassuring to be honest."

After receiving an initial referral the service carried out an assessment of people's needs to determine if they were able to meet those needs. The registered manager said the purpose of the assessment was to, "Find out what is important to them, what outcomes they want support with. It's really important we find out what they want and tailor the care to their needs." People and family were involved in the assessment process. Care plans were developed based on the initial assessment and information provided by the commissioning local authority. Care plans were personalised and included information about individual people's needs.

People knew how to make a complaint and said the service responded to complaints made. One person said, "I have had to complain about a couple of carers which is a shame. One came who was supposed to microwave my dinner and when she put it out there was still ice in the middle. That wasn't right. Another one who came only did my toast on one side and didn't seem to get it when I told her that it wasn't right. I phoned the office though and neither of those carers have been since. I would say they dealt with it properly without making me feel bad for telling them." Another person said, "They were supposed to come at about 5pm and it was often about 6pm when they arrived. I talked to the office and we actually changed the time to 6pm because I didn't mind but I wanted to know where I was with (the times). It's been alright since that and they do come at 6pm give or take a few minutes."

The service had a complaints procedure which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed complaints were dealt with in line with the procedure and appropriate action was taken, including disciplinary action against staff where appropriate.

Is the service well-led?

Our findings

People told us they were happy with how the service was run. One person said, "As far as I can say, I think the service is run well. They phone up every now and again to ask if everything is alright but if I was worried about anything I'd tell the regular carer first of all." Another person told us, "I have no complaints at all. This seems to be a good service as far as I'm concerned."

The service had a registered manager in place who was supported in the running of the service by the provider. Staff spoke positively about the registered manager and the working culture at the service. One staff member said, "[Registered manager] is a lovely [person]. If I need to talk to them they are always available. If I need training I tell them and they sort it out." Another member of staff told us, "They are a good manager. If I have a problem I can talk to them. I have a good relationship with the other staff, I have not got any problems."

Quality assurance and monitoring systems were in place to help drive improvement at the service. These included regular staff meetings which provided staff with the opportunity to raise any issues of importance to them. A staff member told us, "We have one [staff meeting] coming up. The staff discuss if we have any issues with the rota, the colleagues, training. Any issues we have we can discuss." Other quality assurance and monitoring systems included audits of care plans, medicines and risk assessments, spot checks on staff and a regular audit of the service by the organisation that granted the franchise to Bluebird Care (Barking and Dagenham).

The service also had systems in place for seeking the views of people who used the service. They carried out an annual survey of people and relatives to seek their views. The most recent survey was carried out in January 2017. We saw completed surveys which contained mostly positive feedback. For example, one person wrote, "You and your carers do a brilliant job, you give great service." Another person wrote, "I cannot fault any of the Bluebird team, they are so friendly."