

Most Stars Limited

Bluebird Care (Hounslow & Chiswick)

Inspection report

Suite 107, Legacy House
Hanworth Trading Estate, Hampton Road West
Feltham
Middlesex
TW13 6DH

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Tel: 02088982349

Website: www.bluebirdcare.co.uk/hounslow-chiswick

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

About the service

Bluebird Care (Hounslow and Chiswick) provides domiciliary care services for adults with a wide range of needs. The service offers support to people who require help with day to day routines, including personal care, meal preparation, shopping, housework and supporting people out into the community. At the time of inspection there were 33 people receiving support of which 30 people were supported with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Care workers administered people's medicines in a safe way and as prescribed. People told us they felt safe when receiving care. The provider had processes in place for the recording and investigation of incidents and accidents.

There were processes in place to investigate any concerns regarding the care provided and any complaints that were received. Risk management plans were in place providing care workers with guidance on how to minimise risks for people using the service.

There were robust recruitment processes and there were enough care workers sent to each visit to provide support based upon the care needs of people. Care workers received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

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

Detailed assessments of a person's support needs were completed before care visits started. Care plans described the care and support a person required and how they wanted it to be provided.

People using the service were supported to access the community to reduce the risk of social isolation.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

There was a range of quality assurance processes in place to identify if any actions were required to improve the service. People using the service and staff felt the service was well-led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Hounslow & Chiswick)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience carried out telephone interviews with people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 January 2020 and ended on 16 January 2020. We visited the office location on 16 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with three people who used the service and six relatives about their experience of the care provided. During the inspection we spoke with the registered manager, the managing director, care coordinator and field care supervisors. We received feedback from three care workers. We reviewed a range of records which included the care plans for four people and multiple medication records. We looked at the records for three care workers in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. The registered manager confirmed action had been taken to resolve the issues discussed during the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Care workers recorded the administration of medicines using an electronic recording system which included the what medicines had been prescribed, the dosage and when they should be taken.
- A medicines risk assessment was completed and if any issues were identified in relation to the administration of a person's prescribed medicines, actions were identified to reduce possible risk.
- Care workers completed training on medicines administration as part of their induction and annual refresher training with checks on their competency.
- The provider had a medicines administration policy and people's medicine administration records were audited every two months.

Systems and processes to safeguard people from the risk of abuse

- People receiving care and relatives we spoke with told us they felt care workers provided safe care and support during visits. Relatives commented, "Safe? Oh yeah, definitely. There's always somebody there when they come" and "Yes he's safe. They assist with a daily shower and to dress."
- The provider had a safeguarding policy as well as a copy of the London wide safeguarding policy available for care workers to review.
- We looked at the records for four safeguarding concerns raised since the last inspection. We saw the records included copies of relevant information, correspondence with the local authority, the outcomes and actions taken.
- Care workers demonstrated a good understanding of what safeguarding meant when they provided care and how they kept people safe.

Assessing risk, safety monitoring and management

- If a specific risk was identified during the assessment of the person's care needs a risk assessment was completed. Information was provided for care workers as part of the care plan identifying how they could reduce possible risks and provide appropriate support. This included information on how to support people in relation to dementia, heart failure and diabetes.
- Risk assessments were completed for the home environment to identify any possible risks when the care worker visited.

Staffing and recruitment

- Relatives we spoke with told us, in general, care workers arrived on time and they would call if running late. They also confirmed care workers stayed for the agreed length of time for each visit.
- They told us, "It's fairly good. They let my relative know if they're late but it's rare" and "They're pretty much on time and they often call if they have to change carers. My family member gets regular carers from a team

of carers they know. Yes, they do (stay the agreed length of time)."

- The number of care workers required to visit a person was based upon the initial assessment of their care needs and any reviews if their care needs changed. Care workers were given enough time on their rota to stay for the full length of the visit and travel to the next person's home.
- The provider had a robust recruitment process, so they could ensure care workers had the appropriate skills to provide care in a safe manner.
- The registered manager explained in addition to reviewing the applicant's full employment history and carrying out a criminal record check, they requested two references from previous employers or up to five-character references if they had no employment history. We reviewed three recruitment records which followed the provider's processes.

Preventing and controlling infection

- Where people were supported with cleaning their home or if care workers may have to handle soiled bed linens or clothing the care plans included guidance on housekeeping and infection control measures.
- Care workers completed infection control training, which care workers confirmed, and they were provided with personal protective equipment (PPE) to use when providing support which included aprons and gloves.

Learning lessons when things go wrong

- The provider had a process to record when an incident and accident occurred, investigate if any actions were required and identified if there was anything to learn from what happened.
- A record sheet was completed with a description of the incident or accident, what action was taken and the outcome.
- An analysis of the incidents and accidents which occurred during 2019 had been carried out identifying the issues by type for example falls. This meant any trends could be identified and if care workers required further training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw, where the needs assessment had identified the person might not be able to consent to their care, a mental capacity assessment was completed. The assessments identified if the person was able to understand, retain and make a decision based on the information about their care which was provided. We saw these did not always relate to a specific aspect of the care being provided. We discussed this with the registered manager and, immediately after the inspection, the mental capacity assessments of people using the service were reviewed to ensure they related to the specific support they received.
- People were asked for their consent to enable their relatives/representatives to remotely access their care plan and records of the care provided during each visit.
- Care plans identified if a person had a Lasting Power of Attorney in place to enable their relatives to support them in decision making. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on their behalf.
- Care workers demonstrated a good understanding of the principles of the MCA and how they could support people with making decisions about their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before care visits started to ensure the person's needs could be met. The assessment included the person's mobility, personal care needs, nutrition, medical history and any identified risks.
- This information was used to develop the person's care plan and their risk assessments.

Staff support: induction, training, skills and experience

- People told us they felt the care workers had appropriate training to support them. Relatives supported

this and their comments included, "If they're not capable, I wouldn't have them" and "Yes they are; they get on. They're competent and well-trained."

- Care workers completed a range of training courses identified as mandatory by the provider which included moving and handling, health and safety and basic life support. Care workers completed annual refresher courses and records demonstrated all care workers were up to date with their training.
- When spot check visits were carried out, competency assessments in relation to moving and handling and medicines administration were also carried out.
- Care workers completed the Care Certificate as part of their training. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Care workers had between eight to 10 supervision meetings with their line manager each year with an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans identified if they required support from care workers to prepare and eat food and drinks. Care workers were provided with guidance on how to support the person with nutrition and hydration. For example, we saw one care plan indicated the care worker should make a meal even if the person said they were not hungry as it would encourage them to eat.
- People's food and drink preferences were identified in the care plan and the care workers recorded what food the person had eaten in the record of each visit.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager explained both they and the supervisor had been trained to provide health and wellbeing checks for people receiving care, their relatives, staff members and other members of the community. These included a blood pressure check with staff carrying out regular follow up checks and if any issues were identified they would support the person to contact their GP.
- People were supported to access healthcare professionals if required. The registered manager explained they worked closely with people's GPs, district nurses, occupational therapists and dieticians to meet people's health needs. They also contacted services which provided a range of equipment
- One person confirmed the registered manager had helped them contact other services to help with their care. The registered manager told us they had referred people to the local food bank if they identified the person required additional support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care they received, and the care workers provided support in a kind and caring way. Their comments included, "They're pleasant and polite and do their time. They know how I like things done. The office treat me without talking down to me; they're not patronising" and "Oh yes, I'm very happy with my ladies, they're lovely. They're very thoughtful." Relatives also supported this with comments including, "They are genuinely nice. She can't do anything for herself, so they have to support her with everything."
- People's care plans identified their preferred name and their religious and cultural beliefs.
- The registered manager told us care workers completed equality and diversity training and they identified the person's preference for a male or female care worker during the assessment process.
- An equality and diversity impact assessment was completed to identify any issues people may experience in accessing the service related to their religion, disability, gender or sexual orientation. The assessment recorded if the language used in publications include reference to the LGBT+ community and if information was provided in accessible formats.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they had been involved in the development of the care plan and when it was reviewed. Their comments included, "My family member can speak a bit of English, so they do the reviews with the family. Yes, they do carry out the care plan reviews" and "They review the care plan at least once a year; they did a home visit in September."

Respecting and promoting people's privacy, dignity and independence

- People felt care workers respected their privacy and dignity and one relative commented, "Yes the care worker does [treat relative with dignity and respect] and she's very kind and caring. She does nice things like bringing in chocolates or magazines for my family member."
- People told us care workers helped them maintain their independence. Their comments included, "They let me start washing myself and encourage me to do as much as I can, and they do the bits that I can't" and "I do wash myself where I can, and they do the rest. I use a frame to get around."
- Care workers demonstrated they understood the importance of maintaining people's dignity and supporting people to be independent. Their comments included, "[I respect people's privacy and dignity] by asking permission before doing anything, asking family/friends to leave the room, closing doors/curtains, covering with towels/blankets the part that isn't being washed/dressed" and "By being person centred, closing doors and curtains to respect privacy and dignity and giving choice."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans identified how they wanted their care provided. Information included how their personal care should be provided, if medicines were to be administered and if the person needed help with making and/or eating meals.
- The provider used an electronic care planning system which care workers could access on a portable electronic device. Care workers logged the administration of medicines and a description of the care provided during each visit. These records could be accessed after the visit remotely by the office or people's relatives which meant they could monitor the care when it was provided and if any issues were identified these could be responded to.
- The records of the care completed by care workers included information about interaction between the care worker and the person, their experience of the care as well as what care had been provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care plans identified if the person had any visual and hearing issues which may affect their ability to communicate and how care workers could support the person. The person's preferred language was also identified in the care plan.
- The registered manager explained if a person required information provided in a different format including different languages or large print these could be provided by head office.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their family and community relationships to reduce the risk of social isolation.
- People's care plans included a section of social isolation and identified people who were important to them. The care plan included information about the person's interests and if they required support from the care worker to access the community.

Improving care quality in response to complaints or concerns

- People confirmed they knew how to raise a complaint. One person told us, "I would ring up the office first to do it verbally and then if no good, write a letter" and a relative commented, "Oh yes [I know how to raise a

complaint]. Yes. I have [raised a complaint], they have dealt with it professionally."

- The provider had a complaints policy and people were given information on how to raise a complaint when their care package started.
- We looked at the records of five complaints and we saw there were copies of any correspondence, notes from any meetings with care workers and the response to the person.

End of life care and support

- At the time of the inspection the service was not providing support for people requiring end of life care. If a person had an advance care statement or a Do Not Resuscitate decision in place this was recorded in the care plan.
- The registered manager told us care workers had undertaken end of life care training. The registered manager explained they would work with the person receiving support, their family and any professionals involved in providing care including the palliative care team to ensure the person's wishes were met.
- The person's care needs would also be assessed to identify any changes and ensure any required equipment was in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt the service was well run. One person commented, "They're all good on the phone. I'm very happy with the service."
- Relatives also confirmed they felt the service was well run. "We have no problems, so it's 10 out of 10" and "Yes, it is compared to other agencies [we have had care from]. It's nice. I'm well pleased. My relative would say she's happy with them; it's good."
- Staff said, "Yes, the organisation is fair and open, and we are multi-cultural and also very diverse. The company have an open-door policy they respond well to customers and carer. The care plans are all very informative and up to date" and "They have an open door policy and the registered manager is always there to listen about customers and personal problems and will always do their best to help."

Continuous learning and improving care

- The provider had a range of quality assurance checks in place to monitor the care provided. People's care plans were reviewed monthly and information was recorded on the electronic care planning system to identify if any actions were required, for example additional detail required about the care the person needs. Field care supervisors then completed the action and reported back to the registered manager.
- Quality assurance visits were carried out quarterly for five care workers and five people receiving support to check the quality of the care provided.
- The registered manager explained that if an issue was identified following an audit the care workers would be contacted to obtain further information and to discuss what actions were required to improve the care being provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were a range of policies and procedures in place which had been developed by the provider's head office. These were regularly reviewed and updated when required.
- The registered manager responded to complaints in a timely manner and identified where improvements could be made.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- During the inspection the managing director, registered manager and other senior staff in the office demonstrated an understanding of the importance of having processes in place to monitor the quality of

the care provided and continual improvement.

- A team information sheet was provided for people using the service with photographs of the senior staff including the managing director, registered manager, care coordinator and field care supervisors. It also included information on each staff member's role and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to provide feedback on their care. The registered manager explained an annual survey was carried out with people receiving care and relatives. During the inspection we saw the analysis of the 2019 survey which had been completed between October and December 2019. Relatives we spoke with confirmed they had received a survey. The analysis showed the majority of responses were positive about the care provided.
- The registered manager told us if any issues were raised from the survey forms they were responded to as soon as possible. A copy of the analysis with a general description of the issues raised was sent to people using the service including what action had been taken to resolve the issues identified.

Working in partnership with others

- The registered manager told us they worked closely with the social work teams at the hospital to ensure people being discharged following a hospital stay received the appropriate care when they returned home.
- Staff at the service have worked with local food banks, Asian elder groups and older people's forums to raise awareness of home care services that can be provided and how people can receive support.