

Corden Assist Limited

Bluebird Care Clapham and Streatham

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 Clapham and Streatham is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing 'personal care' to 23 people.

This inspection took place on the 3rd of October 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available. This was our first inspection of the service under this provider.

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 had safeguarding and whistleblowing procedures in place and staff had a clear understanding of these procedures. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Appropriate recruitment checks took place before staff started work. There were systems in place for monitoring, investigating and learning from incidents and accidents. Peoples medicines were safely managed, and people were receiving their medicines as prescribed by health care professionals. Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

People's care needs were assessed before they started using the service. Staff received supervision and training relevant to people's needs. People were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them. 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 received personalised care that met their needs. People told us staff were kind and caring and their privacy and dignity was respected. People and their relatives, where appropriate, had been consulted about their care and support needs. People knew how to complain if they need to. Staff had received training on equality and diversity and they supported people according to their diverse needs. People could understand written information provided to them however information was available in different formats when it was required. No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

The registered manager knew the service well and was knowledgeable about the requirements of a registered manager and their responsibilities regarding the Health and Social Care Act 2014. They monitored

the quality of service that people received. They used feedback from people during telephone monitoring calls and spot checks to evaluate and make improvements at the service. The registered manager and staff worked closely with health care professionals to ensure people received good quality care. Staff said they enjoyed working at the service and they received good support from the registered manager, customer manager, care coordinators and supervisors. There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The service had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures.

There was enough staff available to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Risks to people were assessed to ensure their needs were safely met.

There were system's in place for monitoring, investigating and learning from incidents and accidents.

People's medicines were safely managed, and people received their medicines as prescribed by health care professionals.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Is the service effective?

Good ●

The service was effective.

People's care needs were assessed before they started using the service.

Staff received supervision and training relevant to people's needs.

Staff had an understanding of the Mental Capacity Act (2005.)

People were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and their privacy and dignity was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

Staff had a clear understanding of peoples care and support needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff had received training on equality and diversity and they supported people according to their diverse needs.

People could understand written information provided to them however information was available in different formats when it was required.

People knew how to complain if they need to.

No one using the service required support with end of life care, however the service had access to health care professionals for this type of support if it was required.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager in post, who understood their regulatory responsibilities.

The provider monitored the quality of service that people received.

Staff said they enjoyed working at the service and they received good support from the registered manager, customer manager, care coordinators and supervisors.

There was an out of hours on call system in operation that

ensured management support and advice was available for staff when they needed it.

The registered manager and staff worked closely with health care professionals to ensure people received good quality care.

The registered manager used feedback from people during telephone monitoring calls and spot checks to evaluate and make improvements at the service.

Bluebird Care Clapham and Streatham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 3 October 2018 and was announced. One inspector carried out the inspection. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available during the inspection. We visited the office location on 3 October 2018 to see the manager and office staff; and to review care records and policies and procedures.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with five people using the service and two relatives to gain their views about receiving care. We spoke with the registered manager, a customer service manager, a care coordinator and four care staff about how the service was being run and what it was like to work there. We looked at three people's care records, five staff recruitment records and records relating to the management of the service such as, staff training, quality assurance audits and policies and procedures. We also received feedback from a health care professional expressing their views on the care provided at the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "My carers have a good attitude. They would help me if I was in pain and get the GP if I needed one. I feel safe with them." Another person commented, "I feel safe, I get all the care I need."

The service had procedures in place for safeguarding people from abuse. The registered manager demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. One member of staff told us, "I would report any safeguarding concerns I had to office or the registered manager. I would expect them to take the right action and let the authorities know. If they didn't I would whistle blow to the director or tell the Care Quality Commission if I thought they had not done so." Training records confirmed that all staff had completed training on safeguarding adults from abuse.

There was enough staff available to meet people's needs. One person told us, "The carers are perfect time keepers. They are never ever late." Another person said, "The carers are very punctual. Sometimes they are a few minutes late but the traffic in London isn't always great." A member of staff told us, "I am never late, and I have never had a missed call. All my calls are near where I live so I don't have to travel far. It's the same for everyone. The care coordinators arrange calls that way." The provider used a computer system to allocate staff to support people using the service. Staff logged in using a telephone application when they commenced providing care to a person. This was monitored daily by care coordinators. The computer system alerted care coordinator's if there was a late or missed call. If a call was late the care coordinator would contact the member of staff, enquire on their whereabouts and let the person know when the carer would arrive. The registered manager told us they had never had a missed call and the system helped them to ensure people received care at the right time.

Appropriate recruitment checks took place before staff started work. We looked at the files of five staff members. We saw completed application forms that included a full employment history, references to their previous health and social care work experience, their qualifications, health declarations, employment references, proof of identification and evidence that criminal record checks had been carried out. We saw that staff recruitment records were monitored on the provider's computer system. The system also identified when staff were due to renew criminal record checks and training.

Action was taken to assess any risks to people using the service. The provider's computer systems were also used for planning people's care and support needs. We saw that the system included risk assessments for example on falls, medicines, pressure areas and moving and handling. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where people were at risk of falls or required support to move around their homes we saw moving and handling risk assessment care plans that included guidance for staff on how support the person to move safely. One person told us, "I feel very safe with the support I get from the carers when they use the hoisting equipment. They are all well trained."

There were systems in place for monitoring, investigating and learning from incidents and accidents. The registered manager showed us an incidents and accidents folder and told us these were monitored to identify any trends. There had been three incidents or accidents recorded since March 2018. We discussed an incident that had occurred in March 2018. The registered manager had commenced employment with the service in April 2018. We noted that the incident had been looked at and signed off by another manager. When reviewing the incident again, the registered manager considered that more could have been done to address some of the issues recorded in the report. The registered manager took retrospective action during the inspection to address this with the staff members concerned.

Where required people were supported to take their medicines. Staff told us that some people looked after their own medicines and some people needed to be reminded or prompted and some people required support from staff to take medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. One person told us, "My carers make sure I get my medicines when I need them. I couldn't do that for myself." The provider's computer system was used to record medicines people had been prescribed; when the medicines were to be taken and any allergies they might have. Staff used a telephone application to confirm on an electronic medicines administration record [MAR] whether they had administered medicines to a person. Care coordinators monitored the MAR's to make sure people were receiving their medicines. We saw paper MAR's where also completed by staff when we visited people at their homes. These systems confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

The provider had an infection control policy in place. The registered manager told us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff told us they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The carers are well trained, they know what they are doing. Learner's come with experienced staff to get used to doing things the right way for me." Another person said, "The staff that support me seem to be well trained."

Assessments of people's care and support needs were carried out by customer service managers before they started using the service. The assessments covered areas such as their personal care needs, medicines, eating and drinking and mobility. They also included information from family members and in some cases health care professionals. Assessments were used to draw up individual care plans and guidelines for staff to follow.

Staff had the knowledge and skills required to meet people's needs. Staff we spoke with said they had completed an induction when they started work, they had shadowed experienced staff to get to know the people they were supporting, and they were up to date with their training. We looked at the certificated training records of five members of staff. We found that all had completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. The registered manager told us that all the staff had completed the Care Certificate and mandatory training relevant to the needs of people using the service. Staff had also completed further training on administering medicines, dementia awareness, equality and diversity, safeguarding adults and children, end of life care and the Mental Capacity Act 2005 (MCA). Staff told us they received regular supervision and an annual appraisal of their work performance. We saw records confirming that staff received regular formal supervision and annual appraisals of their work performance. The provider's computer system monitored training, supervision and appraisals and alerted supervisors when these were due to be completed.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the MCA. They told us that the people they supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with eating and drinking this was recorded in their care plans. A member of

staff told us they cooked meals for some of the people they supported when it was recorded in the person's care plan. One person told us, "The carers cook what I ask for. They do me a bit of dinner and a cup of tea. They are not chefs, but they do their best." Another person said, "I try to do as much as I can for myself. I do my own breakfast, lunch and supper. The staff occasionally cook a meal for me. They make sandwiches for me to have later in the day. It's in my care plan."

People had access to health care professionals when they needed them. One person told us, "I see my GP regularly, the carers don't need to sort that out. I am sure if I was unwell they would get the right help for me." A member of staff told us, "If someone was unwell I would call the GP or an ambulance if I had to. I would tell the person's relatives and office what I had done too."

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person told us, "The carers are friendly, helpful, obliging and patient. They do everything they need to do for me with smiles." Another person said, "My carers are kind and caring towards me. They look after my needs. They will do anything I ask of them. They will get something from the local shops if I need it." A relative told us, "The carers are very good."

People and their relatives told us they had been consulted about their care and support needs. One person said, "When I started using the service the customer service manager asked me what I needed. I have a care plan that records what I want help with, but I still try to do as much as I can for myself. The staff support me with this. The customer service manager regularly comes around to ask me how things are going and if anything on the care plan needs changing." Another person told us, "In the beginning they [customer service manager] asked me what I wanted them to do. The carers are doing what they need to do for me. The customer service manager and some of the other managers check with me to make sure I am okay." A relative told us, "I have contributed to the planning of my [loved ones] care. I am involved in all of the reviews."

When we visited people in their homes we observed staff speaking with and treating them in a respectful and dignified manner. One person told us, "My privacy and dignity is always respected. When my carer has helped me with personal care they have been very professional. If I want to have a lay in till 10am they go along with that." Another person said, "The carers are very respectful. They take their time with me and don't rush. They cover me up and do everything in a dignified manner. They make sure everything is kept private." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. A member of staff told us, "I cover people up with a towel when I provide personal care so that their dignity is maintained. If family members are around I ask them to leave the room before I start providing personal care. I always make sure information about people isn't left around for people to see."

Staff clearly knew people well and were able to describe the care they provided. One member of staff told us how they supported a person to complete as many tasks they could for themselves offering help when they needed to. Another described how they supported a person to move around their home.

People were provided with appropriate information about the service in the form of a customer guide. The registered manager told us this was given to people when they started using the service. This included details of the services they provided, getting help with complaints and ensured people were aware of the standard of care they should expect. One person told us they had been provided with a copy the customer guide when they started using the service.

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. One person said, "I get all the care that I need." Another person commented, "The carers are very good. They do everything they are supposed to do for me. They do what I want them to do." A relative said, "We are satisfied with the service."

People received personalised care that met their needs. One person told us, "I feel that the care. I get is what I want from the service." The provider used a computer system for planning people's care and support needs. We saw that the system included needs assessments and individual care plans for supporting people with the different types of care they required for example medicines, personal care, diet and nutrition, pressure areas and moving and handling. The care plan described people's care and support needs and provided guidelines for staff on how to support them safely. We saw paper copies of care plans and risk assessments in the homes of the people we visited. The care plans included call times, duration of calls and the care and support tasks to be undertaken by staff. A member of staff told us, "I can read the care plans on my telephone application. They are continually updated. The system is easy to use and understand. I make sure I read the paper care plans too to make sure everything is up to date."

People told us they knew about the provider's complaints procedure and they would tell the office or customer manager if they wanted to make a complaint. One person told us, "I would complain to the office if I needed to. I have never had anything to complain about. I am sure they would sort things out, they are very helpful." The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the customer guide and the complaints procedure. They told us these documents could be provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example, different written languages.

Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. Training records confirmed that staff had received training on equality and diversity. One member of staff told us, "I would support people no matter what their background or beliefs are. That is the reason we do our jobs." Another member of staff said, "People's race, religion or sexual orientation would have no effect on the way I see them or how I would support them. Everybody is different. I am happy to support anyone."

Training records showed that staff had completed training on end of life. The registered manager told us that no one currently using the service required support with end of life care however, they would liaise with the person, their relatives and health care professionals to provide people with this type of care and support

if this was required. They told us a care plan for end of life would be developed when assessing or reassessing people's care needs.

Is the service well-led?

Our findings

People told us the service was well run. One person said, "I think it's [the service] running well. I see the customer service manager and other managers now and then. There's never been a problem." Another person told us, "I am very happy with the service, it's reliable. The care I receive is very good. The carers are professional, conscientious and all together it's good news for me."

The service had a registered manager in post. They had commenced employment with the service in March 2018. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.

There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider used computer systems [introduced in April 2017] for recording recruitment information, planning staff rota's, training, supervision and appraisals, staff competencies with medicines and moving and handling, care plan reviews, spot checks and telephone monitoring calls. The systems also recorded people's care needs, medicines administration, health care appointments and monitored missed or late calls. They were monitored by care coordinators, customer service managers and the registered manager. The systems alerted these staff when for example, there was a late or missed call, spot checks were due or when care plans and risk assessments were due to be reviewed. The registered manager, customer service manager and care staff told us the systems had improved how the service was run.

We saw records from spot checks carried out by supervisors on staff working within people's homes. The registered manager told us supervisors carried out these checks to make sure staff wore their uniforms and identification badges, that staff carried out tasks competently and they completed all the tasks recorded in people's care plans. A member of staff told us, "The supervisors don't tell us when they are coming. They check that we are administering medicines correctly and supporting people according with what's recorded in their care plans." We saw reports from observations carried out by the supervisors on staff competencies for administering medicines and moving and handling people. We also saw shadowing visit reports completed by supervisors with new staff.

Staff told us they liked working for the service and they received good support from the registered manager, customer service managers, care coordinators and supervisors. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff told us, "The registered manager is actually brilliant. She is vibrant and honest and makes things like team meetings and supervision engaging and fun. Since she started working here the difference is clear. We have had team building days and fundraising events and the job is very enjoyable. Team work is great and we all know what we are doing when we support people with their care needs." Another member of staff said, "The registered manager motivates me, she pushes me to do things well. She listens and there have been improvements with staff training, supervisions and staff know what's expected of them." We saw emails from the registered manager to staff thanking them for their hard work and praising

them for their work performance. A third member of staff told us, "It's much better working with the new registered manager. Team work is better. I get regular supervision and more training. I didn't know what was going on before."

We saw that regular team meetings were held. The registered manager told us copies of the minutes were circulated to staff that had not attended the meeting. Issues discussed at the last team meeting in July 2018, included the provider's computer systems, medicines policy and procedure and staff training and development. A member of staff said, "I attend the team meetings. We talk about people's needs and staff's needs. The registered manager listens and acts on what people say."

The provider took people's views into account through annual satisfaction surveys. The registered manager showed us a report from a satisfaction survey carried out by the provider in October and November 2017. The feedback from people and their relatives recorded in the survey was positive. The registered manager told us they planned to carry out the annual survey in November 2018. They said they would use feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service.

The registered manager told us they had regular contact with health care professionals and they welcomed their views on service delivery. We saw evidence in people's care records confirming that the registered manager and staff worked closely with health care professionals in assessing people's needs and planning for their care. The registered manager told us they regularly attended a local authority provider forum to share and learn good practice. We saw emails confirming that the registered manager was working with an NHS Foundation Trust team on a 'medicines project' in relation to implementing a common practice in line with NICE medicines guidelines within the home care setting. A health care professional told us their team had a good working relationship with the provider and they did not have any concerns regarding any issues of quality.