

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Renama UK Limited t/a Bluebird Care Limited
Registered Manager	Miss Faustina Sackey
Overview of the service	Bluebird Care provides domiciliary care to approximately 48 adults who are elderly as well as people with physical or learning disabilities.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People using the service were given appropriate information and support regarding their care or treatment. This included contact names and numbers and how to make a complaint. People were involved with decision-making and a person we spoke with said they were happy because "carers do what I want."

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. A person using the service told us their carer was "like a sister to me." Systems in place enabled people's needs to be met and regularly reviewed.

People who use the service were protected from the risk of abuse. A member of staff we spoke with knew to report any concerns to their manager and staff had received safeguarding training. People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. Carers were described as "very confident and polite."

People using the service, their representatives and staff were asked for their views about their care and support and they were acted upon. Random spot checks were undertaken regularly in people's homes and any issues identified were managed. Only two complaints had been made in 2012 and we saw several compliments on file.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. A person we spoke with who used the service said the staff were "very confident and polite." The service provided a customer information pack to users of the service including contact names and numbers and how to make a complaint. This was kept on file in the person's home, along with a copy of their care plan and the daily log sheet, noting carers' actions.

People expressed their views and were involved in making decisions about their care and support. A relative we spoke with had been pleased that carers had asked her relative how she liked to be addressed. We saw from people's care plans they had been involved in determining what was delivered and they, or their relative, had signed to that effect. One person we spoke with who used the services said "they do what I want." The manager regularly visited people and we saw records of their satisfaction with the service provided, in response to specific questions asked. For example, all service users' responses we saw answered yes to "are care workers polite and treat you respectfully." The agency involved service users in decisions affecting their care and support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. A person using the service told us their carer was "like a sister to me." Another said "this agency is absolutely wonderful. They are so good to my mum." The agency emphasised continuity of staff for people using the service and had matched them with specific carers.

People's needs were recorded on their care plans with related risk assessments. We saw that detailed instructions from the needs assessment, for example about manual handling, had been transferred into the care plan. Care plans were up to date and regularly reviewed and this was confirmed by a person we spoke with who used the service. Accurate, up to date care plans helped care workers, who were required to read the care plans before starting work with a new person. This enabled them to meet people's needs.

A system was in place to routinely transfer all but the last two or three weeks of daily logs to the care plan files in the office. The care supervisor reviewed these before they were filed. Processes were in place to ensure that any changes in care needs were noted and proposed. For example, each care plan file included a contact events sheet to record any untoward events, such as a problem with a peg feed machine. We saw that a recorded fall had led to a review of a care plan and an increase in that person's care package. This meant that the agency had systems in place enabling them to meet people's current and changing needs.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because of the steps the provider had taken. Members of staff we spoke with knew to report any concerns to their manager and to the police or the local safeguarding team if need be. We saw that people had received training on safeguarding and the organisation's policy and procedure were available in the office. A copy of the Enfield adult safeguarding procedure was also available and the manager and care supervisor knew to contact the local safeguarding team with any concerns. They gave us an example of having done this.

In discussion, the agency confirmed that safeguarding training was not covered in the initial three day induction programme, contrary to their policy statement. We were told that it was covered before the end of the full twelve week induction programme, during which new workers only worked in pairs with more experienced staff. On reviewing training records we found that safeguarding training had been missed by some staff and had not yet been rescheduled. We discussed this with the care supervisor who said they would arrange for the training to take place immediately. We have since had confirmation this has taken place. The provider had taken reasonable steps to ensure that people using their service were prevented from harm.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Carers we spoke with told us they received good support, encouragement and training from the agency. We saw the organisation's training record showing that most carers' training was up to date. A small number of overdue courses we identified were being addressed. The care supervisor and care co-ordinator had been trained in care planning and whilst both undertook risk assessments, the provider might like to note that only the care supervisor had received this training.

A new wide-ranging twelve-week induction programme had recently been introduced which new staff had started and longstanding staff would receive. Training issues were discussed during annual appraisals and in supervisions. We found however that just under half of the appraisals were up to date and a third of supervisions had not been held monthly, contrary to the agency's policy. We did not see learning and development plans for individual workers but we were told the organisation was in the process of putting training needs onto the staff plan. However, the care supervisor met with carers at least weekly and training needs were also identified during spot checks. Carers told us they could speak to the managers at any time and they were supportive. We also saw that team meetings were held regularly to update staff. The provider had arrangements in place to support carers in order that they could provide appropriate care to people using the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and support and they were acted upon. Senior staff gathered regular up to date feedback on the service being delivered via random spot checks undertaken in people's homes. We saw the many positive responses on the customer review forms completed during these visits. Feedback from one person said that one of the tasks outlined in their care plan had not been completed in full. The system identified the issue which had then enabled the agency to deal with it.

An effective system was in place enabling the provider to assess and monitor the service people received. In addition to the spot checks, the service also issued yearly questionnaires to service users and filed and monitored compliments and complaints. We saw that care plans were regularly audited and revised where indicated. Only two complaints had been made in 2012 and we saw several compliments on file. Risks to the delivery of care had been considered and the agency had a clear business continuity plan in place. The regional manager visited twice a year to review files and provide updates on key issues. These processes meant that any issues arising for people using the service were quickly spotted and dealt with.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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