

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

## Bluebird Care (Enfield)

Unit 10, 14 Centre Way, Claverings Industrial Estate, London, N9 0AH

Tel: 02088032441

Date of Inspection: 09 January 2014

Date of Publication: February 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Staffing</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Records</b>	✓ Met this standard

## Details about this location

Registered Provider	Renama UK Limited
Registered Manager	Miss Faustina Sackey
Overview of the service	Bluebird Care provides domiciliary care in people's own homes to approximately 50 adults. These include older people including some with dementia, as well as people with physical or learning disabilities.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*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

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spoke with four people who used the service and three members of staff including the manager and care staff.

Most of the people we spoke with told us that they were involved in their care. They told us that they had been able to arrange changes to their care packages and carers listened to their wishes. The provider made appropriate arrangements to ensure consent was obtained from people who used the service.

All the people we spoke with were happy with the care they received. They told us that carers knew what care they required and that they would recommend the service. Although there were arrangements in place for the service to meet people's needs, care was not always delivered appropriately and care plans did not always have sufficient detail.

Although most people had no issues with the timeliness of carers, those that required two carers told us they often only received one. The provider had appropriately experienced, trained and qualified staff and had arrangements in place to check that staff were available when required.

Although it was not always clear that staff were involved in their professional development, staff were supported and developed to provide safe care.

Although a few records were not up to date, records were appropriately stored and destroyed. Most records were current and fit for purpose.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 19 February 2014, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Most of the people we spoke with told us they were involved in their care. They told us they had been able to feedback their preference on carers and what name they liked to be called. Two people told us they had been able to change the frequency of carers attending and the service had been able to arrange it. When we spoke with staff, although they told us they would not provide care beyond what is stated in the care plan, they would feedback the request from the person who used the service to senior staff to see if any change to the care plan could be made.

The provider had appropriate policies and procedures to ensure consent was obtained and reviewed including reference to the Mental Capacity Act 2005. These included arrangements if a person refused consent and if they did not have capacity to consent to treatment. Arrangements were available for advocates if people required them. People were involved in arranging their care before a care worker was allocated to them and also at their care reviews.

Most of the care plans and reviews we saw had been signed as accurate by the person receiving care. When people refused to sign part of a care plan, on most occasions this had been recorded. People receiving care had also been involved in a survey to check if they were happy with their care.

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

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**Our judgement**

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The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Most of the people we spoke with told us that they were happy with the care they received. One person told us "I get on well with" their carer. Another said it was "first class" and that carers were "very caring. They treat clients with respect which is so important." Most people told us they could not think of a way the service could improve. All the care plans we saw showed that people had been assessed prior to receiving care. This was either a copy of the local authority or hospital discharge assessment or an assessment conducted by the service. The care plans reflected the initial assessment but with more detail on the care package the person required such as amount of hours or support and what support should be provided at each visit. When we spoke with staff, they told us that they found the service was caring towards people who used the service and treated people with respect.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. The service had mostly up to date policies and procedures to ensure people could be cared for safely. These included ensuring care was planned and reviewed, how care workers should deal with challenging behaviour, ensuring people's dignity and culture was respected and how to risk assess different aspects of people's care. However two people told us that they were supposed to receive support from two care workers but sometimes only received one. In one example, the records of one person showed that only one care worker had turned up on at least nine occasions in the last four months. This was despite the person requiring moving from chairs and beds where support required two care workers. This meant that there was a risk to the person's safety when they were moved.

When we saw people's care plans, they showed people saw or there had been a consultation with health professionals if there was a concern with someone's health. Daily notes were recorded by care workers on each visit to show if a person had changed or if there might be a concern with their health such as loss of appetite.

However although the service was in the process of updating its care plans, the care plans that had not yet been updated did not have a detailed life history or people's likes and dislikes. Although the older care plans did have risk assessments, they did not cover all the aspects of risk that staff may encounter on a visit such as manual handling or substances hazardous to health. This meant that there was a risk that staff did not always have all the information they needed to be able to support people's specific needs.



## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. All the people we spoke with told us that care workers were either timely or came within ten minutes of their planned visit time and staff told us they had enough time between each person to travel. All but one person told us they received the same care workers at each visit. However we did receive comments that those people that required two care workers for support only received one some of the time.

All the staff records we saw showed carer workers were trained and experienced to provide support for people who used the service. All the application forms showed people had prior experience in some form of care setting and had undertaken a course related to social care. Care workers were monitored on a regular basis to ensure they attended a visit at the planned time and for the amount of time required. All the daily notes and monitoring checks we saw showed carers attended on time and for the right amount of time. Staff told us and training records showed care workers were trained to meet people's specific needs. This included training in health specific subjects such as epilepsy or dementia as well as mandatory training areas such as safeguarding, manual handling, food hygiene and medicines which were all up to date. Each care worker had undertaken induction training and this followed the induction training guidance by Skills for Care.

We saw some care workers shift patterns and these showed that sufficient time was allowed between visits for carers to be able to attend each visit without being delayed. We were told that shifts were arranged so that each visit was nearby so that care workers without cars could make each visit.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Staff received appropriate professional development. All the staff records we checked showed that staff had been appropriately supervised and appraised as part of their professional development and these were up to date. Supervisions included discussion on the staff members' performance, a site visit check to ensure they provided care according to a person's care plan, and any training needs. These were arranged over the phone if they did not have the time to meet. Staff told us that they felt both supervisions and appraisals were effective and they were able to feedback any concerns they had with their work at any time. However the provider may find it useful to note that none of the supervisions were signed by staff which meant there was a risk the supervision record was not reflective of the discussion.

All the appraisals we saw had been signed as accurate by the member of staff and included a section that enabled the staff member to feedback any concerns and any additional training or qualifications they wished to undertake. Different aspects of their performance were assessed and rated with suggested improvement areas if they required any. If a member of staff was new, they had more frequent supervisions and shadowing by senior members of staff to ensure they provided care safely. These all matched the provider's policies and procedures for staff development.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

### Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

### Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Care plans were reviewed six monthly and we saw that the service was in the process of updating its care plans to contain more detailed information. Non current care records were kept in the care plan but filed and highlighted in the contents accordingly so it was clear they were not part of the current care plan but could be referred to if a person had a historical health issue such as challenging behaviour or stroke. However care plans that had not been updated did not contain as detailed information regarding people's preferences and risks.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. All the staff records we saw had all the appropriate information including information collected during their recruitment, relevant checks such as health and criminal records, and any qualifications they attained or training they had attended. Staff development records, job descriptions and contracts were also up to date and fit for purpose.

The service had policies and procedures that were relevant to its own service under the provider such as relevant local authority contact details. However the provider may find it useful to note that some records were last updated in 2010 and although only one did not have current information, they were due for a yearly review that had not occurred. This meant that there was a risk the service's policies and procedures were out of date.

Records were kept for the appropriate period of time and then destroyed securely. The provider had up to date policies and procedures to ensure records were kept for the appropriate amount of time before being either archived or destroyed and their timescales followed the appropriate guidance.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> The provider was not compliant with regulation 9(1)(b)(i) and (ii) as proper steps were not always taken to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of planning and delivery of care and, where appropriate, treatment in such a way as to meet the service user's individual needs and ensure the welfare and safety of the service user.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 19 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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