

## COVID-19 Emergency Support Framework

# Engagement and support call Summary Record

**Corden Assist Limited**

<b>Location / Core Service address</b>	<b>Date</b>
Bluebird Care Clapham and Streatham No 30, 3-7 Sunnyhill Road  , SW16 2UG London	27/05/2020

Dear Bluebird Care Clapham and Streatham,

The Care Quality Commission is not routinely inspecting services during the COVID-19 pandemic. We are maintaining contact with providers through existing monitoring arrangements and engagement and support calls covering four assessment areas:

- Safe Care and Treatment
- Staffing arrangements
- Protection from Abuse
- Assurance Processes, Monitoring and Risk Management

This Summary Record outlines what we found during the engagement and support call shown above, using standard sentences and an overall summary.

We have assessed that you are managing the impact of the COVID-19 pandemic at the above service. The overall summary includes information about the internal and external stresses you are currently experiencing, how they are being managed, and sources of support that are available.

Emergency Support Framework calls and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

## **Assessment Area 1**

### **Safe care and treatment**

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**1.1 Had risks related to infection prevention and control, including in relation to COVID-19, been assessed and managed?**

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**Yes** There were systems to assess and respond to risks regarding infection prevention and control, including those associated with COVID-19.

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**1.2 Were there sufficient quantities of the right equipment to help the provider manage the impact of COVID-19?**

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**Yes** Essential equipment, such as personal protective equipment, was available in sufficient quantities to help you manage the impact of COVID-19.

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**1.3 Was the environment suitable to containing an outbreak?**

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**Yes** You had taken steps to ensure the environment was as effective as possible in containing an outbreak of COVID-19.

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**1.4 Were systems clear and accessible to staff, service users and any visitors to the service?**

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**Yes** Systems to ensure the environment were conducive to containing an outbreak of COVID-19 were clear and accessible to people using the service.

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**1.5 Were medicines managed effectively?**

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**Yes** Service users' medicines were effectively managed, despite the increased pressures associated with COVID-19.

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**1.6 Had risk management systems been able to support the assessment of both existing and COVID-19 related risks?**

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**Yes** Systems enabled the continued management of known risks, as well as enabling the provider to respond to new and emerging risks, including those posed by COVID-19.

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## **Assessment Area 2**

### **Staffing arrangements**

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**2.1 Were there enough suitable staff to provide safe care and treatment in a dignified and respectful way during the Covid-19 pandemic?**

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**Yes** There were enough suitably skilled staff to provide people with safe care in a respectful and dignified way during the Covid-19 pandemic.

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**2.2 Were there realistic and workable plans for managing staffing levels if the pandemic leads to shortfalls and emergencies?**

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**Yes** There were realistic and workable contingency plans for staffing shortfalls and emergencies during the COVID-19 pandemic.

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## **Assessment Area 3**

### **Protection from abuse**

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**3.1 Were people using the service being protected from abuse, neglect and discrimination?**

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**Yes** People were being safeguarded from abuse, harassment and discrimination.

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**3.2 Had the provider been able to properly manage any safeguarding incidents or concerns during the pandemic?**

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**Yes** Action had been taken to properly respond to incidents, alerts or potential safeguarding incidents at the service.

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## **Assessment Area 4**

### **Assurance processes, monitoring and risk management**

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**4.1 Had the provider been able to take action to protect the health, safety and wellbeing of staff?**

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**Yes** Staff health, safety and wellbeing were protected despite the increased pressures associated with COVID-19.

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**4.2 Had the provider been able to implement effective systems to monitor and react to the overall quality and safety of care**

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**Yes** There were effective systems to monitor the overall quality and safety of care being provided at the service during the COVID19 pandemic.

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**4.3 Is the provider able to support staff to raise concerns during the pandemic?**

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**Yes** Staff were able to raise concerns and were supported to speak up during the pandemic.

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**4.4 Had care and treatment provided to people being sufficiently recorded during the Covid-19 pandemic?**

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**Yes** Care and treatment provided to people is being sufficiently recorded during the Covid-19 pandemic.

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**4.5 Had the provider been able to work effectively with system partners when care and treatment is commissioned, shared or transferred?**

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**Yes** Working arrangements and information sharing with system partners during the Covid-19 pandemic are effective.

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### **Overall summary**

The risk assessment process and PASS systems were adapted to include Covid-19. Robust systems included suspected and positive testing with assessments updated accordingly. Risk reviews were carried out by phone, facetime, what's up, and written information e-mailed to carers for verification. Live in staff self-isolate for 14 days after each placement. The registered manager had covid-19 in March

recovered and as a result of the experience PPE was introduced early. Sufficient PPE is re-stocked weekly. Frequent supervision taking place that also identifies further PPE needs. Staff were trained in how to use it and followed guidance. Appropriate systems including risk were clear, working well and accessible to staff, people and relatives. No problems with medication. Checked daily. No problems with self-isolating and staff numbers as schools were open to keyworkers children. People were treated with dignity and respect and protected by procedures, training, working with LAs and carer continuity. Safeguarding, incidents and notifications were reported appropriately. No outstanding safeguarding. Procedures focused on Covide-19, minimising physical contact using technology. Staff meetings and telephone contact were increased. Bereavement support in place covered by end of life and grieving process. Time off if required. Support was available keeping in contact during isolation. Staff raise concerns daily, during staff meetings, whistle-blowing and as part of reviews. Care plans were reviewed as normal and cancellation calls checked to see if people wish to recommence. The provider worked effectively with other health care professionals.