

Inspiring Generations Ltd

# Bluebird Care Wakefield and Kirklees

## Inspection report

Unit 1B  
Brindley Way  
Wakefield  
WF2 0XQ

Tel: 01977708787

Date of inspection visit:  
09 June 2021

Date of publication:  
12 July 2021

### 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 is an agency which provides personal care to people living in their own homes in Wakefield and Kirklees. At the time of inspection, the agency was providing care to 42 people.

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

People were protected from abuse. Staff knew how to recognise and report abuse. People and relatives told us they received safe care. People received support from a regular staff team and staff were recruited safely. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices. Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us staff wore PPE whilst spending time in their homes.

There were enough staff available to meet people's needs. Staff received regular supervision and on-going training which promoted people's health, safety and welfare. Staff were focussed on the wellbeing of the people they supported. People were complimentary about the kind, caring attitude of staff. People's dignity and privacy was respected, and their independence promoted.

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.

The service was very responsive to people's individual needs which had a positive impact on their wellbeing. Support was flexible and personalised, adjusting to people's changing needs. People were actively encouraged to be involved in the development and on-going review of their care. Staff were fully committed to improving the lives of people and worked with them to achieve their goals and aspirations.

The provider had systems and processes in place to regularly monitor the safety and quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 25/10/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the length of time the service was registered and when they

commenced providing a regulated activity.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 Wakefield and Kirklees

## **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

This inspection was carried out by two inspectors, and an Expert by Experience. 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 did not have a registered manager registered with the Care Quality Commission. This means the provider was 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 June 2021 and ended on 14 June 2021. We visited the office location on 9 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from

the local authority and professionals who work with the service. 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, operations manager and six care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff 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 found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. People told us the service they received was safe. Comments included, "I feel safe when the carers are with me because they are such nice people. They make my breakfast and lunch and help me to have a shower. I am very comfortable with them" and "They [the carers] make me feel safe when they are here, they always knock before they come in. They are very good in the way that they talk to me and the way they treat me".
- One relative told us, "[relative] is safe, they [the carers] know them well, staff know [relatives] personality well, and he seems very happy with them".
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident any safeguarding concerns would be dealt with appropriately. Staff received appropriate training.
- The manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's mobility and home environment.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing personal care.
- The physical environment where people lived was assessed by the provider before support commenced to ensure it was safe for people to receive support.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
- People were supported by staff who arrived when expected and stayed throughout the time agreed. People were supported by regular staff members and knew who would be attending to support them. One relative said, "[relative] has two carers four times a day and they send us a list of the carers who are coming at certain times, more often than not it is those carers who arrive, but if they can't send the person who is on the list, they always seem to be able to backfill, which is good".
- People were supported by consistent staff, to promote continuity of care

### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered and regularly audited.
- People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

### Preventing and controlling infection

- Staff members had access to personal protective equipment which they used appropriately when supporting people. Comments included, "They (the carers) have been very good during the pandemic, none have them have been unwell and they always wear aprons, gloves and masks".
- Staff members told us they had received training in infection, prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID 19 pandemic.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to identify themes and take necessary action.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed, outcomes were identified, and care and support regularly reviewed.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, backgrounds and personal preferences.

Staff support: induction, training, skills and experience

- People were assisted by an appropriately trained staff team who felt supported by the provider and the management team. One staff member told us, "I have met with [care manager] to discuss additional training due to a change in a persons needs".
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us these sessions continued throughout the COVID 19 pandemic which they found supportive, motivating and reassuring.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, moving and handling, basic food hygiene, health and safety.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- One person told us, "The carers help me with my meals. They will ask me what I will like and will prepare it for me; it might just be a microwave meal or sometimes they will make me a salad". One relative told us, "They (the carers) know that [relative] needs to drink plenty, they will always make a pot of tea and will prompt him a lot to drink".
- Not everyone required support with eating and drinking. When they did, they were supported to identify what they wanted to eat. When it was needed the provider monitored people's food and drink intake and any weight gain or loss.

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

- Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes. One person told us, "The carers are so good. Once when they came my catheter had come out and I felt a bit short of breath. They called the District Nurse

straight away".

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people.
- Care records showed health and social care professionals were involved in people's care and support and appropriate referrals were made.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when accessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received good care and support from staff. Comments included, "The carers are all so nice, they are very, very good and we all get on well. They will do anything for me and always ask if there is any more, they can do" and "I have the same group of very good and professional carers. They are familiar faces and are very kind".
- One relative told us, "The staff are really caring, they talk to my [relative], and have a conversation".
- Staff we spoke with were positive about their role and talked about those they supported with compassion and genuine positive regard.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People were supported to express their views and to be involved in making decisions about their care and support, as far as possible.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- People told us they were involved in the development of their support plans which directed how staff supported them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. People said staff members always respected their privacy when completing personal care with them. One person told us, "The carers know how to look after me, they are very chatty and kind. When they help me to have a wash, they make sure things are private for me and will cover me with a towel".
- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One relative told us, "The staff encourage [relative] with independence, they chat and get [relative] to do bits and pieces. [Relative] gets by with a Zimmer frame and the staff walk with her when she is using it to provide support for her".
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had an individualised plan of their care, drawn up with them, relatives and other professionals where appropriate, based on an assessment of their needs. Plans were reviewed regularly to account for any personal or health changes.
- Feedback from people and relatives confirmed the service was responsive to people's needs. Comments included, "My care plan is here with me, and we have agreed what the carers will do for me. The care plan details all that I need" and "One of the supervisors came out and reviewed my care plan with me about a month ago. It has everything on it that I need".
- When it was appropriate relatives were kept informed about changes to people's health and needs. Comments included, "I have always been involved in writing [relative] care plan, as things are changing the care plan is updated" and "The care plan details the tasks the carers are required to complete, but it also details the kinds of things that my [relative] is interested in, giving the carers ideas about what to chat about with him".
- Staff had time to read care plans and were confident they provided the information needed to provide care safely, in line with people's wishes.

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.

- People's care records detailed their communication needs, including sight, hearing and speech as well as sensory aids such as glasses, or hearing aids.
- The provider demonstrated good knowledge of AIS standards and understood their responsibility to ensure people were given information in ways meaningful to them. They said work was continuing in this area.

Improving care quality in response to complaints or concerns

- People told us they felt the management team was approachable and they felt confident if they ever needed to raise a complaint, they were confident it would be addressed appropriately. Comments included, "If there ever are any issues, they sort them out straight away, in fact there is an instant response, they listen and act" and "I have never had to raise any concerns; I do not have any worries about Bluebird".

- The provider had systems in place to record and investigate and to respond to any complaints raised with them.
- Staff understood their responsibility to support people and relatives to share any concerns or complaints.

#### End of life care and support

- Although at the time of this inspection, Bluebird Care was not supporting anyone who was at the end of life they had processes and procedures in place to capture what was important to the person as they approached this stage of their life

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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; Continuous learning and improving care

- The culture was open, positive and honest. Relatives said this was because of the attitude and contribution made by the provider, operations manager and staff who listened to them and did their best to meet people's needs. One relative said, "I have met the manager and I think Bluebird Care is managed well. It is very well organised, and they always seem to sort things out".
- The provider led by example and promoted an open and transparent service culture.
- Accountability arrangements were clear. The service did not have a registered manager, the provider was in the process of recruiting a new manager. The operations manager had the responsibility for the running of Bluebird Care. The operations manager was previously the registered manager.
- The provider had a clear set of vision and values, that staff understood, and relatives said were reflected in staff working practices. They were explained at induction training and revisited during staff meetings.

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

- The provider understood their responsibility to be open and honest when things had gone wrong. There was a system in place to manage this.
- There was a transparent management reporting structure and an open-door policy, to encourage open communication, feedback and discussion about any concerns staff may have.
- Our records recorded that appropriate notifications were made to the Care Quality Commission as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and operations manager had a very good oversight of the service. They achieved this by completing a range of effective quality audits to continually monitor, evaluate and improve the service provided to people. This included checks of staff visit arrival times, care and medicine records.
- The registered manager completed checks on the quality of care provided and took action to make any improvements needed.
- The provider knew when to notify CQC of certain incidents and understood their regulatory commitments.

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

- People told us they were involved with the service they receive comments included, "The manager comes to visit to have a chat about how things are going. I have asked that I don't get new carers, different carers and they seem to have listened and have been better with that recently" and "They send a survey out about every six months. It has questions on it such as 'Are you happy with the care? Are they call times good? Do the carers do everything they should?'" Relatives also told us they were asked to give feedback through surveys.
- Staff told us they felt able to give feedback about the service during their supervision and spot checks. They also said they felt able to contact the office to raise concerns or make suggestions. Comments included, "It's rare I complain, if I have, they've dealt with complaints well. I can't remember the last time I complained, it's more of a grumble than a complaint, they're always dealt with. □"
- Care plans reflected people's thought and feelings, with clear information about any protected characteristics.
- Staff told us they worked well together as a team. They were encouraged to work together and engage people using the service as much as possible.

Working in partnership with others

- The management team had established and maintained good links with local healthcare professionals, Wakefield and Kirklees local authority and other registered managers.