

June Bowers Ltd

# Bluebird Care (Chorley, Ormskirk and Leyland)

## 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

### About the service

Bluebird Care (Chorley, Ormskirk and Leyland) provides home care services enabling people to be cared for while living in their own homes. The service is managed from the registered office in Tarleton near Preston. At the time of this inspection 22 people were receiving regulated personal care and support from the service. 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

Risks relating to people's needs had been identified and records provided a detailed plan for managing those risks. Medicines were being administered and managed safely. We noted the timing of administration for some time specific medicines were not in line with the prescribers instructions. The manager took immediate action to address this.

Systems were in place to record accidents and incidents. However, these were not consistently monitored to identify any potential lessons to be learned, themes or trends. The manager implemented a more robust recording process during the inspection.

There were enough staff on the rota to support the number of people using the service. We received positive feedback from people about the consistency of their visit times. Information in the staff recruitment files was not always completed in full and some needed to include more details to ensure the process was robust. The manager completed a full audit of the recruitment files and acted during the inspection to ensure they were completed in full.

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. Consent to care and treatment had been obtained and where people lacked capacity relevant others had been involved in supporting people's decision making.

Training records seen demonstrated appropriate and relevant training was provided. Referrals were made to other healthcare services when necessary. People told us they thought the care they received was very good and spoke positively about the staff who supported them.

People told us the staff treated them with respect and dignity and were kind and caring towards them. Care plans demonstrated a person-centred approach. Concerns and complaints were promptly responded to. End of life care where relevant was done co-working with the community nurses.

Quality monitoring and auditing systems were not all fully established. There was some regular oversight of the safety and quality of the service was this not always being formally recorded. There was no recorded

analysis or reviews completed in a format to see where improvements to the service could be made. We have made a recommendation the provider develops and establishes the systems and processes to oversee the quality and safety of the service.

Electronic care planning and rota systems were used. People and their relevant others could access the electronic care planning and rota system remotely to view information about their visits and care. People said very positive things about the management and staff and described the service as a 'quality 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)

This service was registered with us on 9 June 2021 and this is the first inspection.

Why we inspected. This inspection was partly prompted by a review of the information we held about this service.

#### Recommendations

We have made a recommendation the provider develops and establishes the systems and processes to oversee the quality and safety of the service.

The registered manager responded immediately during and after the inspection to address the completion of records and improve information in order to mitigate any potential risks.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 (Chorley, Ormskirk and Leyland)

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience who made telephone calls to people. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be management staff available to speak with us.

Inspection activity started on 8 December 2022 and ended on 12 December 2022. We visited the location's office on 8 December 2022.

#### What we did before inspection

We reviewed information we had received about the service since registering with us. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 6 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care supervisor and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 6 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.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff completed assessments records that provided a detailed plan for managing risks.
- The provider has systems in place to record accidents and incidents. We saw evidence that action had been taken to appropriately deal with them. However, they were not consistently monitored to identify lessons learned, themes or trends. The manager acted during the inspection to address the completion of records to capture this information.

Using medicines safely

- Specific guidance for staff to follow when administering 'as and when' PRN medicines was available.
- The timing of administering some time specific medicines was not always in line with prescribed instructions. The manager acted during the inspection and consulted with the local pharmacy to ensure the time of administration was amended. This ensured the medicines were more effective.
- People's records were clear as to whether their medicines were prompted or administered by the staff.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I am very satisfied and feel very safe with the carers that visit me."
- Staff told us they were comfortable raising any concerns with the registered manager.

Staffing and recruitment

- There were sufficient numbers of suitably trained staff. People's experiences about the consistency of visit times were very good. One person said, "The punctuality is spot on at all times." Another person told us, "We have no trouble with their time keeping."
- Recruitment systems and processes in place however some records were not consistently completed with required information. Recruitment records looked at needed to include more details to show checks of suitability were robust. The manager acted during the inspection by completing a full audit of the records and ensured information was completed in full.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

# 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

- The staff team carried out an assessment of people's needs before agreeing to provide their care. One person told us, "I have a care plan and I've had full involvement in it."
- People were regularly included in developing their needs assessment and care plans.
- The registered manager and senior staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We do a lot of training some of it is interactive and really good."
- People told us they were happy with the care they received. One relative told us, "The staff have a good knowledge of dementia." A relative said, "The staff know what they are doing."

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

- Staff provided the level of support people needed with preparing their meals and drinks.
- People had been referred to other services where concerns with eating had been noted.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. The staff team worked closely with healthcare services including GPs, pharmacists and district nurses.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. 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.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives were regularly involved, consulted with and had agreed with the level of care and treatment provided.

# 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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "The carers treat me with respect and dignity." Another person told us, "The staff are very caring, trustworthy, reliable and very attentive." A relative said, "The staff have a jolly attitude and are very caring."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "They are very respectful." A relative said, "The staff treat my relative with dignity." One person said, "The staff encourage me to do what I can."

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

- The registered manager was in the progress of developing systems and processes to capture people's views of the service.
- People and their relatives could remotely access the electronic rota and care planning system where they could express their views and raise any concerns or queries. One person said, "I have my say on how I want my care conducted and I get exactly that."

# 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's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. One person told us, "I have a care plan in place and it matches everything I need."
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us, "There is an online care plan and I can access it when I need. It's not been reviewed yet as nothing has changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff identified people's communication needs and they were recorded as part of the care plan.

Improving care quality in response to complaints or concerns

- The registered manager had effective communications with people and any concerns or complaints had been dealt with as they had arisen.
- People told us they could approach the registered manager about any concerns they had. One person said, "You can ring any time and they are very helpful." Staff said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant experience of caring for people at the end 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.

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

- The service had an electronic care planning and rota system in use however some of the system had not been fully developed or used to audit aspects of the service. The registered manager told us that this was work in progress with the software company. We were also told since registration they had focused on the day to day running of the service.
- There was some regular oversight of the safety and quality of the service however this was not always being formally recorded.
- Oversight systems and processes used need to be further implemented and embedded by the provider and management team.

We recommend the provider further develops and establishes the systems and processes in place to oversee and record the quality and safety of the service.

Continuous learning and improving care

- The registered manager had taken appropriate actions to address problems as and when they arise.
- We received very positive feedback about the leadership and the management from staff and people using the service. One person told us, "The manager is very approachable, and they are open to discussion and can solve things very quickly."

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

- People could engage and give feedback on the service they received and be involved through remote access to the electronic care planning system.
- We saw reviews for individual people were completed regularly and people's experience of the service was gathered. However, their views were not always analysed to give direction of where improvements could be made. The registered manager took action during the inspection to improve the process for this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were very happy with their visit times and were happy with the care and support they received. One person said, "I would definitely recommend the service because they are very reliable and meet my needs very well."

- People and their relatives spoke highly about the management. One person told us, "It's managed very well what more can I say." Another person said, "The greatest strengths in the company is how the manager is very committed."

#### Working in partnership with others

- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.
- The staff told us the registered manager listened to them and was very supportive. One staff member said, "The company provides a quality service and communication is outstanding."

#### 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 manager regularly reviewed any accidents and incidents to and took appropriate actions to keep people safe. However, no audits were in place to establish if trends or themes were happening that needed to be addressed or lessons to be learned. The registered manager acted during the inspection to ensure records were completed in full to capture this information.
- The provider and registered manager understood their responsibilities under the duty of candour. Peoples relatives and or relevant others including local authority safeguarding team and commissioners had been informed of significant events.