

Ajit Ltd

# Bluebird Care (Stevenage & North Herts)

## 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 (Stevenage & North Herts) is a domiciliary care agency providing personal care to 43 people at the time of the inspection.

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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so.

Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support.

People received medicines when they needed them by skilled staff.

People received support from staff who were trained and had supported them for a long period of time so were aware of people's needs. Staff received specific training relating to people's health and well-being.

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.

People said they felt listened to and respected. People and relatives said staff were kind and caring. Staff showed commitment when speaking about people they supported.

People were happy with the support that was provided to them and that it met their needs. The provider was able to provide documents in an accessible format for people if they required it.

The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care. The registered manager had quality assurance systems in place and these systems were reliable and effective in identifying what improvements were needed.

People and staff were involved in shaping the service being provided and felt listened to.

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

The last rating for this service was good (published 6 December 2017)

### Why we inspected

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

### 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 (Stevenage & North Herts)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by an inspector 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.

#### 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (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 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager and support workers. We spoke with 1 professional. We reviewed a range of records. This included 5 people's care records and medication records. We looked at 3 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 also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People said they felt safe. One person said, "Yes I feel safe with them here, I think they go above and beyond in what they do."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "My responsibility due to safeguarding is to report anything I think is untoward to the office and if I feel they haven't taken my report seriously (which they do every time) then I can go to social services or CQC and report my concerns."

Assessing risk, safety monitoring and management

- Risk assessments detailed how to manage identified risks, whilst providing the least restrictive level of support. This meant people were able to remain as independent as possible.
- People were encouraged to be involved in managing their own risks. Where risks emerged, staff were proactive in managing these.

Staffing and recruitment

- People were supported by a staff team who were matched with each person to ensure they had the right skills and personalities.
- People said there were enough skilled staff to support them and that staff were on time to them and had never missed a call. One person said, "They have never missed a call and they always stay the full time." A relative said, "I've met with a lot of the staff and they all seem very confident and caring. Always listen to us and take on board what they say."
- The provider operated a robust recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people, along with references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Care plans were detailed and identified support needs in relation to the management of medicines. People were also encouraged to administer their own medicines where they could.

- Staff worked alongside health professionals where required to support people with their medicines.
- Staff received training to administer peoples' medicines safely. Staff had competency assessments, once they had completed their training, to ensure safe practice.
- The registered manager checked medicines were documented clearly and accurately on medication administration record (MAR) sheets. Where discrepancies occurred, this was investigated.

#### Preventing and controlling infection

- The service had a policy around the prevention and control of infection, which included minimising risks of COVID-19. They used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents affecting people's safety. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave people honest information and suitable support.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 highlighted people's needs and their desired outcomes. Where needed, referrals to external agencies were made.
- Staff were knowledgeable about people they were supporting and were proactive in learning ways to offer support in a way that was best for them. This enabled people to have a good quality of life.

Staff support: induction, training, skills and experience

- People received support from staff who were trained and had supported them for a long period of time so were aware of people's needs. Staff received specific training relating to people's health and well-being.
- The registered manager ensured where people had specific support needs, additional training was completed in addition to any health and well-being needs. For example, the registered manager was putting staff on learning disability awareness training in readiness to support individuals and to ensure they were keeping up to date with any best practice guidance.

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

- Where people required support with preparing meals people said staff understood their likes and dislikes. One person said, "Yes, always ask me what I want, tell me what's in the fridge."
- Dietary needs and requirements were identified in care plans and staff had a good understanding about this.

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

- People and relatives said staff were able to recognise if they needed any medical attention and would take appropriate steps to support them. A relative said, "In the past [staff] have phoned the GP and recently got an ambulance out." One person said, "I am sure they would phone [relative] or the doctor. [Staff member] in particular will take me to the surgery or phone the surgery and get the doctor to come out."
- Staff and the management team worked well with professionals for the benefit of people. Care staff reported any concerns they had about people's health and wellbeing to management, who in turn ensured relatives were contacted if appropriate, and external professionals involved if needed.
- Where professionals were involved, staff ensured people were included in the discussions and were open and honest with people. One professional said, "I have observed both carers and supervisor have excellent communication and interpersonal skills displaying understanding and empathy to [person's] needs and their health condition."

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People felt they had choice and control of their support and staff made sure they checked for consent before supporting them. One person said, "They always ask before doing any personal care and I can always choose what I want to eat."
- For people the service assessed as lacking mental capacity for certain decisions, professionals and people who knew the person well made the decision in their best interest.
- Staff understood the principles of the Mental Capacity Act and how it related to their role. One staff member said, "Some people are able to make their own choices about their day and are always listened to. The mental capacity act is a law that protects vulnerable people over the age of 16 about decision making. I care for someone who has dementia and who lacks the capacity to make decisions, for example what they want to wear that day or being reminded to drink plenty of fluids."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 said they felt listened to and respected. One person said, "I've only recently transferred to Bluebird and the difference is phenomenal. They talk to me as an adult and we have in depth conversations about world news. They know I am quite slow in the morning and make allowances for that."
- People and relatives said staff were kind and caring. One person said, "They are very kind, and they listen to me. I am so much happier and less stressed than with the previous company. The difference is amazing." A relative said, "150% kind and caring. You know carers do their job and treat relative as if they were their own parents. They always sit and have a chat while relative eats."
- Staff showed commitment when speaking about people they supported. We found examples of staff demonstrating a great understanding of people's support needs, likes and dislikes and a passion about why they wanted to do their role. One staff member said, "I wanted to make a difference in people's lives, enabling to remain in their home environment and I enjoy spending quality time with people."

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

- Staff listened and acted promptly when people and relatives spoke about changes they wanted to make to the support. One relative said, "Staff have an amazing rapport with relative, engage with them, share jokes. They always listen."
- Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who wanted to encourage people to have choice and control and maintain their dignity, privacy and independence. One person shared that the support they were receiving meant that they were able to stay in their own home and do things themselves.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 were happy with the support provided to them and that it met their needs. Care plans needed further development on documenting what was important to people relating to people's outcomes.
- People and relatives said they adapted to people's support needs and went above and beyond. One relative said, "They are very responsive to our needs. When one of our grandchildren got married, we thought we wouldn't be able to go and one of the carers came in early – when it was not her working rota – and she got us ready so we could attend. Now if that's not above and beyond their call of duty, I don't know what is."
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgeably about tailoring the level of support to individual's needs.

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 provider was able to provide documents in an accessible format for people if they required it.
- People felt they were listened to and staff adapted the way they communicated with people based on their individual needs. However, one person shared that they required their documents to be printed in a larger format so they could read the documents being sent.

We recommend the provider ensure they review all forms of communication with people to ensure they are getting information in the right format.

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "I think the provider is doing really well in delivering excellent care to all service users as they are professional, they maintain high levels of communication to staff, service users and families. All the staff are friendly, caring and approachable. All the care plans I have seen are tailored to the individuals needs and are updated regularly."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager had quality assurance systems in place and these systems were reliable and effective in identifying what improvements were needed. For example, where there were areas of improvement within the service, these were filtered through to actions, but also shared amongst the wider service to share learning.
- The management team had a service improvement plan where they had detailed key improvements made following audits. This was continuously adapted as they obtained feedback from people, professionals or as a result of an internal audit.
- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- Relatives and staff gave positive feedback on the responsiveness of the management team. A staff member said, "The management team always offer advice, support and guidance, I know they are always just a phone call away if I need them. We have training and supervisions, we have a spot check once a month. The management for Bluebird is excellent, every time I have had an issue I have phoned or messaged and always had a swift reply."

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

- The management team was passionate about gaining experiences of people to shape the way they supported them with the aim to provide a great life. This was done through meetings and informal

conversations where people were listened to, and action was taken.

- Staff gave feedback through individual face to face meetings with the management team and via surveys. Where improvements were highlighted, these were listened to and actioned.

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring.