

SH&B Limited

# Bluebird Care (Hambleton and Richmondshire)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Hambleton and Richmondshire) is a domiciliary care agency, providing personal care to people in their own homes. The service provides support to older people and younger adults. At the time of our inspection there were 73 people using the service.

### People's experience of the service and what we found:

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### Right Support

The provider had clear policies and guidance about how staff safeguard people from the risk of abuse. Risks posed to people were assessed and mitigated. Where people received support with medicines, this was safely managed. Staff were trained and understood their roles in relation to infection, prevention and control. People told us staff wore personal protective equipment (PPE) as required and ensured their homes were clean and tidy. Staff worked closely with external agencies to ensure people's health needs were met.

### Right Care

People were supported by enough staff. People told us staff arrived on time and they had not had any missed care calls. Call monitoring was in place, online systems alerted the management team if staff were running late. People received staff rota's a week in advance. Staff were recruited safely, and people and relatives told us staff were kind and caring. Care plans were person centred and contained information about people's preferences and needs. Care records were regularly reviewed, to ensure information about people's care and support was relevant and up to date.

### Right Culture

The provider had quality assurance systems in place to monitor the service and learn lessons from accidents and incidents. Lessons learned documents were shared with the staff team. Staff felt supported in their roles and staff spot checks were regularly undertaken, to ensure staff were competent. People and relatives told us the service was well led. Feedback was sought from people and relatives and used to improve the quality of care people received. Complaints and concerns were effectively managed, people and relatives told us where they had raised a concern, action was taken to address and resolve them.

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.

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 17 August 2017).

### Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bluebird Care (Hambleton and Richmondshire) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Bluebird Care (Hambleton and Richmondshire)

## **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 carried by 1 inspector.

#### 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

The inspection was announced. We gave the service 72 hours notice of the inspection. This was because 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 used the information we held about the service since the last inspection. 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 gained feedback from the local authority who work with the service and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 7 relatives. We spoke with 10 staff, including the registered manager and care staff. We reviewed 4 care records, 4 medicines records and 3 staff recruitment records. We reviewed a range of records relating to the management of the service.

# 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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had clear policies and procedures in place and the registered manager reported notifiable incidents to the CQC and local authority.
- Staff were trained and understood their roles in relation to safeguarding. Staff told us how they monitored people for signs of abuse, and told us they felt able to raise concerns if required. One staff said, "I would report any safeguarding concerns to my registered manager straight away."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Quarterly risk management analysis was undertaken, this included learning from accidents and incidents, which were monitored for themes and trends and action taken to reduce potential risks posed to people.
- Risk assessments were regularly reviewed and up to date. Risks to people and staff in people's own homes was assessed. Lessons learned documents were shared with staff, to ensure staff were aware of how to keep people safe.
- People and relatives told us they felt safe. One person said, "I definitely feel safe." And a relative said, "Staff are very meticulous when helping my relative to move, staff always keep [name] safe."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- Staff received a thorough induction and probationary period, to ensure they were suitable for their roles. Staff were trained and there were opportunities to shadow as part of the process.
- Most people told us staff arrived on time. There had been no missed care calls and senior staff monitored call times. Where staff may have been late, online systems alerted the management team.
- People received a weekly rota, to provide them with information about who would be supporting them each day.
- The service had recently worked closely with the local authority, to provide 24hour care to people in their own homes, this was working well and enabled people to be safely discharged from hospital. A relative said, "[Name] has live in staff, they do everything, it has changed my life, I am so grateful for them."
- People and relatives told us staff were kind and caring. One person said, "Staff are very good I am very pleased with them, I have never had a single complaint yet, thoroughly happy with the attention I am getting" and a relative said, "I can't fault staff at all, everything about them. Primarily the care is excellent, staff are always efficient, friendly, and punctual."

### Using medicines safely

- People were supported to receive their medicines safely.
- Staff completed accurate medicines records and where people received 'as required' medicines, guidance was in place to inform staff about how and when these should be given.
- Staff were trained and had their competency assessed prior to administering medicines to people, competency observations were also completed annually to ensure staff knowledge practice was safe.
- People and relatives told us they received their medicines as prescribed. A relative said, "Staff give [name] medication everyday, there are no problems."

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had up to date policies and procedures in place in relation to preventing and controlling infection. Staff spot checks were undertaken to ensure staff followed best practice guidance.
- People told us staff wore PPE and left their homes clean and tidy. Staff told us how they promoted safe practices. One staff said, "I have had full training of infection control. We wash and dry hands before undertaking any tasks. We wear all PPE and change regularly when needed."

### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

### Is consent to care and treatment always sought in line with legislation 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.

- Staff followed the principles of the Mental Capacity Act. Where required people had their capacity assessed and best interest decisions made.
- People or their relatives (where appropriate) had signed to consent to their care and treatment.

# 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 Good. At this inspection the rating has remained 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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- Peoples care plans were person centred and regularly reviewed to ensure they contained people's up to date information. Staff knew people well, a professional said, "The staff know people well. They go above and beyond for the people." And a relative said, "The staff are focused and know what they are doing."
- People were nominated for 'hampers from the heart', which involved providing gifts to people who staff felt needed a nice surprise.
- People and relatives told us communication was good from the service. People received newsletters, which detailed key events and celebrations. A relative said, "I have an app I can access; this gives me details about what support has been provided to my relatives each day, this is very reassuring."

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 responsibilities under the duty of candour. The registered manager reported notifiable incident to external agencies, such as CQC and the local authority as required.
- People and relatives told us the service was well led and they felt listened to. Comments included, "I am full of positive feelings about the service. There was a staff who I thought wasn't a good match, they sorted this straight away, we are listened to. I would recommend Bluebird, they are very organised and efficient." And, "Office staff call me and check if the care is ok, I am very happy with Bluebird."
- Complaints and concerns were effectively managed, with action taken to learn lessons and drive improvements from them. People and relatives told us where they had raised a concern, action was taken to address and resolve them.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider had robust quality assurance systems in place. Regular audits were undertaken to ensure the service was safe and providing high quality care, this included audits of records, incidents, medicines, finances, and staff performance.

- Staff spot checks were in place and staff received regular supervisions and appraisals. Staff told us they felt supported in their roles. One staff said, "The manager is very approachable and fair to all staff, extremely friendly and makes you feel like you are able to turn to them for advice when needed." Another staff said, "I have always found my manager to be very approachable when dealing with small or large matters. The manager is always kind, ready to listen and eager to help us."
- Staff initiatives were in place and included career of the month and career of the year. Staff told us there was a positive morale within the team. The services core values were available to staff and included in staff inductions.
- Overarching governance systems were in place to ensure the provider had oversight of the service. This included regular management meetings and quality assurance checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others. Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider worked in partnership with others. The provider had created a learning culture at the service which improved the care people received.
- People, relatives, and staff were offered opportunities to provide feedback about the quality of the service, this was gathered during meetings, annual reviews, spot checks, complaints and through surveys. This information was used to form part of an ongoing action plan and action was taken to improve the quality of care people received.
- Staff worked in partnership with external professionals, this included district nurses, occupational therapists, and memory clinics. Clear records were kept of communication with external professionals. Staff had recently observed an increase in falls for one person and had made referrals to GP's and occupational therapists. A professional said, "The service is responsive to messages and phone calls."