

Snowbeam Ltd

# Bluebird Care (Stratford & Warwick)

## Inspection report

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09 January 2024  
10 January 2024

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Stratford & Warwick) is a domiciliary care agency. It provides personal care to adults living in their own homes. 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.

At the time of our inspection visit 47 people were receiving the regulated activity of 'personal care'.

### People's experience of using this service and what we found

Governance processes ensured the provider's values were centred around people who used the service and their families. This meant people remained at the heart of how the service was developed and delivered. People and their relatives were overwhelmingly positive about consistent and high-quality standards of care which enabled people to remain living in their own homes and communities. Staff demonstrated a high level of satisfaction with their role at Bluebird Care (Stratford & Warwick).

The management team were committed to improving the care people received and recognised the value of research. There was a strong culture of investigating and learning from incidents and mistakes to ensure sustainable improvement was implemented. Staff felt confident to report any mistakes because there was a 'no blame' culture in the service.

People and their relatives were encouraged to provide feedback and the registered manager empowered staff to raise concerns knowing they would be listened and responded to. The registered manager signposted people and their relatives to other organisations and healthcare professionals to ensure they had the support they were entitled to.

People received care calls when they expected them and spoke of a caring staff team who made them feel safe and confident. Staff understood their role in keeping people safe and had information to mitigate any risks associated with people's care. Staff followed good infection control and medicines management practices and followed the provider's procedures for reporting any concerns.

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 19 January 2018).

### 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 (Stratford & Warwick) 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.

## 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 well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Bluebird Care (Stratford & Warwick)

## 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 team consisted of 2 inspectors. One inspector visited the office location and 1 inspector made telephone calls to people and their relatives off-site.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### 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 24 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.

Inspection activity commenced on 9 January 2024 and finished on 12 January 2024. We visited the provider's office location on 9 and 10 January 2024.

#### What we did before the inspection

We reviewed information we had received 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 used all this information to plan our inspection.

#### During the inspection

We gathered feedback from 3 people who used the service and 11 relatives or representatives about their experience of the care provided.

We gathered feedback from 9 staff, including the registered manager, care co-ordinators and care staff.

We reviewed a range of records. These included 4 people's care records and 3 people's medication records. We checked 2 staff recruitment and induction files. We reviewed records relating to the management and safety of the service, including audits, risks analysis, feedback and training records.

# 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 the risk of abuse or avoidable harm.
- People and relatives spoke of a caring staff team who made them feel confident and safe. One relative said, "I really trust them." Another relative said, "We have confidence in all of them."
- Staff received training in safeguarding and understood their role in keeping people safe and reporting any concerns to senior office staff. One staff member explained, "We protect vulnerable people by listening to them and by being observant when we are with them, noticing any changes in them or their behaviour or looking for any physical signs. If we were concerned about anything we would talk to our supervisor or care manager, and they would take it further."
- The registered manager and senior staff understood their responsibility to report safeguarding concerns to the local authority and notify CQC.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and assessed.
- Support plans provided staff with guidance on managing identified risks and providing safe and effective care. This included risks related to transferring people, catheter care, diabetes and where people were at risk of skin damage because their mobility was reduced.
- Where equipment was required to support people, there was detailed guidance informing staff how they should check and use the equipment to ensure people's safety. People were satisfied with how staff used equipment with 1 person saying, "Staff always make sure I have my walker near me and do not rush me, they are very considerate and understanding."
- Relatives told us staff were good at identifying any changes in health so they could get professional healthcare advice to mitigate increasing risks. One relative told us, "They tell me if they feel [Name] is having a chest infection, so I can get the GP out. This helps to nip it in the bud." Another relative said, "The staff are very vigilant and, if they see the start of a medical problem, they will phone the district nurse on [Name's] behalf promptly."
- Safety checks of people's homes ensured people and staff were safe in the home environment.
- The registered manager had risk assessed each person's individual needs. This ensured those at most risk would be prioritised should an event occur that impacted on service delivery. For example, adverse weather conditions.

Staffing and recruitment

- The registered manager ensured adequate staff capacity before accepting any new packages of care.
- The care supervisors and co-ordinators working in the office could also attend calls if required. This made

sure people received the service they required.

- People and relatives told us staff arrived when expected and they were always informed if there were any delays. One relative told us, "They are always on time and if they are going to be a bit later, they phone me." Another relative commented, "I receive a weekly schedule letting me know who will be coming and at what time. If this has needed to change for any reason, I've always been informed either by email or phone call."
- Staff confirmed they had enough time to provide the care outlined in people's care plans without rushing.
- The provider operated safe recruitment processes. Before prospective staff started work, the provider completed a series of checks that included obtaining employment references, proof of identity and a police background check.

#### Using medicines safely

- People were supported to receive their medicines safely. One relative told us, "[Name] has Parkinson's so their tablet giving is time sensitive and staff were quick to check with a pharmacist on one occasion when needed and also to inform me."
- Staff had received training in safe handling of medicines and had observations of their practice to ensure they followed good medicines management.
- The electronic care records did not allow staff to 'log out' of a call until they had signed to confirm they had given people their medicines. This helped ensure people received their prescribed medicines in accordance with their care plans.
- Where people were prescribed medicines 'as required', there was guidance for staff on when and in what circumstances these should be administered.
- The provider had a robust audit system to ensure correct procedures were followed by staff and to identify any action required.

#### Preventing and controlling infection

- Some people had specific health conditions or used equipment that made them particularly vulnerable to infection. There was detail in their care plans informing staff how to minimise the risks of cross infection.
- Staff had received training in the use of personal protective equipment and told us the provider ensured they had a plentiful supply.
- People and relatives raised no concerns about infection control practices.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff understood the provider's policies and procedures for reporting and responding to any accidents or incidents.
- The registered manager reviewed accidents, incidents and near misses to identify any trends and ensure actions had been implemented to reduce risks to people's health and wellbeing.

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.

- The provider was working in line with the Mental Capacity Act.
- The registered manager understood their responsibility to protect people's rights and what to do when

someone might not have the capacity to make their own decisions, so any decisions made on people's behalf were made in their best interests.

# 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 Outstanding. At this inspection the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and their relatives were overwhelmingly positive about consistent and high-quality standards of care which enabled people to remain living in their own homes and communities. One person told us, "The care and companionship I receive through Bluebird Care enables me to lead a happy, healthy and fulfilled life, despite my disability. Without 'Bluebird' I would not be able to play an active part in the local community, they make me feel valued as a person."
- A new registered manager had been appointed since our last inspection. The new registered manager had continued to develop strong governance processes to ensure the provider's values were centred around people who used the service and their families. This meant people remained at the heart of how the service was developed and delivered.
- Relatives were extremely consistent in their feedback about the very caring and compassionate approach of the staff team. Comments included, "[Family members] have built up a good relationship with the Bluebird staff who are all very professional, kind and caring" and, "All the Bluebird carers that [Name] has seen have been lovely with her, and that goes a long way as far as we are concerned."
- Relatives described excellent and effective communication with office and care staff which achieved positive outcomes for people. A typical comment was, "On occasion that [Name's] not been quite herself, I've had a call letting me know. This is so reassuring for us all as a family and much appreciated."
- Staff were fully invested in promoting the vision and values of the service. One staff member told us, "The visions and values of the service are to provide high quality care in a customer's home, giving them as much choice and independence as possible and involving them in all aspects of their care. We know this as every meeting and most conversations about a customer are about ways to improve their care or change things to make it better for them."
- Staff demonstrated a high level of satisfaction with their role at Bluebird Care and the positive impact they had on people's lives. One staff member told us, "I enjoy being able to help people get the best out of their day and I know that most of the time we really make a difference to them. I have some lovely colleagues to work with and wouldn't want to work for any other agency."
- There was an inclusive culture where equality, diversity and respect were promoted, and staff were equipped to identify and challenge discrimination and bias. This included activities to challenge pre-conceived opinions and empower staff to recognise and celebrate a person's value and history.
- The registered manager was energetic in sourcing funding opportunities to encourage learning and motivate staff to take further qualifications. This ensured staff continued to provide excellent levels of care, but also helped them develop their careers in the wider health and social care sector.

- Staff were nurtured to reach their full potential with senior staff describing the registered manager as, "Amazing at helping everyone recognise the best of themselves, even when they can't see it."
- Staff felt supported in their roles and had regular opportunities to talk about their work, training and career development through supervision and appraisals. One staff member commented, "I feel supported in my role by always having access to the on-call phone and having regular meetings with my supervisor. I've not had any issues where I haven't had someone available to help."
- The provider promoted positive physical and mental health amongst their staff team which had a positive impact on care delivery. Staff were regularly asked to reflect on their emotional well-being to recognise when they were experiencing stress. Staff told us they were enabled to take time off to support their emotional and physical resilience.
- The commitment and contribution of staff was celebrated and recognised through regular newsletters, a 'Gem award' for the employee of the month, long service recognition and financial incentives.

#### Continuous learning and improving care

- The management team were committed to improving the care people received and recognised the value of research and learning.
- The service was collaborating in a university led research project on developing training for home care staff in dementia. As a result of their positive engagement in the project, the registered manager had been invited to join the project advisory group as the scope of the research was extended. The professional leading the research told us, "[Registered manager] has certainly been an early adopter of the understanding that research drives good care."
- Staff had also participated in recent focus groups conducted by a local medical school. The focus groups had fed into a study looking at how ReSPECT forms work for people being cared for at home and how the process could be improved. ReSPECT forms are a summary of discussions between people and healthcare professionals about care and treatments that may or not be considered in an emergency.
- There was a strong culture of investigating and learning from incidents and mistakes to ensure sustainable improvement was implemented. Learning was effectively shared and monitored to ensure areas for improvement were embedded in staff practice.
- There was a particularly strong emphasis on identifying and implementing systems to support staff practice and ensure better outcomes for people. For example, in response to medication recording errors, the registered manager had sought guidance from a pharmacist on current best medicines practice. A new system for counting medicines had resulted in a significant reduction in medication recording errors which further promoted people's safety.
- Staff told us they felt confident to report any mistakes because there was a 'no blame' culture in the service.

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

- People and their relatives were encouraged to provide feedback and make suggestions about how the service could be improved. This was through one-to-one reviews, surveys and nominations for care staff awards.
- People's feedback about what they wanted and expected from a 'good carer' was used to formulate questions and assess responses during interviews for potential new staff. This ensured a values-based approach to the provider's recruitment process. One relative confirmed, "The girls (staff), they hand pick them and they have such lovely personalities."
- This approach had a positive impact on people's experience of the care provided. Recent compliments included: "You went above and beyond to ensure her wish to stay at home was fulfilled" and, "You are an amazing bunch; such dedication to a hugely difficult job, so willing and patient. How much we valued your

support, physical and emotional."

- The registered manager empowered staff to raise concerns knowing they would be listened and responded to. For example, some staff had recently shared a lack of confidence when supporting people who could display distress through their behaviour. The registered manager had arranged bespoke training to build staff knowledge and skills in this area.

Working in partnership with others

- The provider worked in partnership with people's relatives to ensure safe systems were followed when the family maintained a caring role. This included robust recording processes when family and care staff shared responsibility for administering medicines.
- With consent, people and their relatives could access the electronic care planning system. This enabled people to have day to day oversight and involvement in the care provided. One relative told us, "The Bluebird app is a lifesaver, absolutely brilliant. Each day I can check what [Name] has eaten, how she is feeling and what has been prepared for tea. Any other observations are also noted by the carer."
- The registered manager signposted people and their relatives to other organisations and healthcare professionals to ensure they had the support they were entitled to. Comments included: "[Registered manager's] kindness and persistence enabled us to receive the care that we needed from Social Services" and, "We have a meeting with [Commissioners] next week and [Bluebirds] top supervisor is coming in as well. I am really pleased with that as it is good to get this support."
- The registered manager shared learning with other organisations within the franchise group and attended various forums to keep up to date with best practice and share learning.
- Staff had recently been finalists in franchise based and national awards ceremonies to celebrate excellent standards of care.

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

- There were robust systems to review the quality of service provided which included a variety of audits and checks. These included checks to ensure people's care preferences and needs were met and people had received their medicines as prescribed.
- Risk factors such as accidents and incidents and safeguarding issues were regularly reviewed. These fed into a quarterly risk analysis report to ensure action had been taken to mitigate risk and promote positive outcomes for people.
- The provider and registered manager understood their role in meeting regulatory requirements and keeping up to date with best practice.
- The registered manager understood their responsibility under the duty of candour. Relatives were confident they would be advised if anything went wrong with people's care.