

Leo 1214 Limited

# Bluebird Care (Swale)

## Inspection report

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Date of inspection visit:

24 February 2022

25 February 2022

02 March 2022

03 March 2022

Date of publication:

25 March 2022

## 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 (Swale) is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 66 people using 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. At the time of this inspection the agency was providing support with personal care to 63 people with a range of needs such as older people, people with a learning disability and physically disabilities.

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

People we spoke with told us they all felt happy with the service provided from Bluebird Care (Swale). Feedback included, "I feel very safe with them here, [staff] look after me very well and they are very thoughtful." and, "I'm really pleased with my service. I had it recommended to me and I would happily recommend to others, the carers are exceptional."

Staff told us, "I love working for Bluebird. I've never worked in care before, but I can see myself doing this job for years and I wouldn't want to do it for anyone else." Staff fed back to us they were supported in their role by the registered manager and the office staff. They felt appropriately trained for their role and rewarded for working hard.

People had individual care plans and risk assessments that were tailored to their specific care and support needs. These care plans had been regularly reviewed and updated as required and 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.

Risks to people and staff had been identified and were recorded in detail to keep people safe. Staff had been through an appropriate recruitment process and there were appropriate numbers to assist people with their assessed care needs. People told us that their care visits were planned, and care staff arrived at the time they expected. Staff stayed for the durations to ensure people were well supported.

Systems and processes in place were relevant and appropriate and enabled the registered manager and head of care to have oversight of the quality of support being provided. There was an open approach to learning lessons from things which may have gone wrong and these were communicated to staff to minimise the risk of reoccurrence.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe and well led key questions the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- People's care and support maximised people's choice, control and independence

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights

Right culture:

- The ethos, values, attitudes and behaviours of the registered manager, senior staff and care staff ensured people using the service led confident, inclusive and empowered lives

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 and update

The last rating for this service was good (published 12 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?**

**Good** ●

Details are in our safe findings below.

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

**Good** ●

Details are in our well-Led findings below.

# Bluebird Care (Swale)

## 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

This inspection was carried out by one inspector and one 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 that provides care and support with personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 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. Inspection activity started on 23rd February 2022 and ended on 3rd March 2022. We visited the location's office on 24th February 2022, we spoke with people who use the service on 25th February and we spoke with staff from the service on 2nd and 3rd of March 2022.

#### What we did before the inspection

We reviewed all information we hold on 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 five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, head of care, care coordinator, a senior care assistant and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two 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 policies and procedures and quality assurance records. We spoke with one professional who regularly visits 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 for this key question 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 protected from the risk of abuse. Staff completed in-depth safeguarding training and all staff we spoke with were able to demonstrate they were able to recognise signs of abuse to keep people safe.
- People we spoke with told us they felt safe with the staff who supported them with one telling us, "I really do think I'm supported safely, very much. I'm very fond of them and we have a good laugh together."
- Staff told us they felt concerns they had about people's safety would, "100% be actioned by office staff"
- Staff had recorded and reported any concerns or allegations of abuse to appropriate authorities such as local authority safeguarding teams, and records were complete. Lessons that could be learnt from these were fully documented and shared with the wider staff team.

Assessing risk, safety monitoring and management

- People's care and support needs were assessed and regularly reviewed. Guidance was in place to enable staff to manage risks safely. Any new emerging risks had been reported promptly and action was taken to address any potential harm.
- People had specific risk assessments which were appropriate for their individual needs such as requiring assistance with specialist feeding equipment, people who smoked or if there were communication needs. Risks had been assessed and specialist training had been sourced from appropriate healthcare professionals to ensure staff were able to minimise risks.
- Staff told us, "If we see something which needs changing or updating because people's needs have changed quickly, we contact the office to report and they update our care planning system. The changes are then available to all staff almost instantly."

Staffing and recruitment

- Recruitment records evidenced staff had been recruited in a way that ensured they were suitable to work in a community care setting. Staff had complete applications forms and took part in competency-based interviews. Recruits had appropriate references and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completed an in-depth induction when they begin working with the service, which covers all mandatory training. Staff completed practical moving and handling and basic first aid courses. Staff were required to complete additional online training and a number of hours of shadowing experienced staff before they had their formal review to be signed off as able to work safely alone.
- Regular staff supported people and there were enough to provide correct care in line with people's assessed care needs. One person told us, "I have had my regular carers a while now, so we have gotten to

know each other. They come at consistent times which always helps." And, "They always get here at 8am. They stay the full time and don't rush me at all. They get everything done I ask for." Other people we spoke with told us they have not felt rushed and the care staff stayed for the full duration of the care visit. People were informed if care staff were running late or when there were issues such as traffic or sickness.

- Staff experience ranged from brand new to the care industry to staff who worked for the service for over 10 or more years. The more experienced care staff mentored newer recruits. One member of staff we spoke with said, "I love my job – I love the different people you can meet. All from different walks of life, who have had different experiences. I can make a difference to their day and their lives. There is no other job like it."

#### Using medicines safely

- People were supported to have their medicines safely and on time. People's care plans contained clear information on what medicines people needed and when.
- The service's electronic care planning system monitored medicines to ensure they were given. Alerts would appear on the main system if medicines were not given so prompt action could be taken and identify any issues.
- Staff were trained in medicines administration and had regular unscheduled 'spot checks' and regular supervisions to ensure staff were compliant with guidance on how to support people.
- Medical advice was sought if there were errors with people's medicines and appropriate actions were taken to minimise any reoccurrence.

#### Preventing and controlling infection

- Staff followed the services policies and procedures on protecting people from the risk of infection. The registered manager ensured personal protective equipment (PPE) was provided to all staff to ensure staff were protecting themselves and people using the service.
- Staff had completed mandatory infection prevention control training. This training had been updated to reflect current COVID-19 guidance. Senior staff had completed random 'spot checks' on carers delivering care and support to ensure they were following updated guidance and using correct PPE.

#### Learning lessons when things go wrong

- Incidents and accidents had been reported by staff and were fully documented and recorded. Audits of these incidents were completed regularly to identify if there were any trends or any shortfalls which needed to be addressed.
- Where shortfalls had been identified, appropriate actions were taken, and this had been communicated to staff. The office team completed quarterly analyses of incidents/accidents and discussed these at regular lessons learned team meetings.
- Complaints were dealt with proactively by the registered manager and the head of care. All complaints were logged in the main system and acknowledgement letters were sent in accordance with the provider's policy. Investigations into the nature of the complaint were detailed and documented with a full audit trail. Outcomes of these investigations were logged and communicated to the person making the complaint and to staff to minimise the risk of reoccurrence.

# 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 for this key question 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

- All people and staff we spoke with, told us they had no issues raising concerns with the management team. The team were described as responsive, capable and would action anything I tell them.
- The provider had clear complaints, concerns and whistleblowing policies and procedures, which were used to guide staff in raising concerns. Staff we spoke with understood their responsibilities and felt comfortable to raise issues if needed.
- People we spoke with told us, "[carers coming] means I can stay in my own home and maintain my independence. I can't think of anything they need to do better," and, "I like the service as I can totally trust them. They always turn up when they are supposed to and do what they say they will."

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 registered manager understood the responsibilities they had under duty of candour and they expected all staff to follow this process.
- Staff were encouraged to report issues, concerns and accidents/incidents and 'hold their hands up' if things had gone wrong so all staff can learn from them. We observed records which demonstrated staff were reporting concerns promptly such as new medicines, tasks that needed review and issues raised by people they supported.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager understood this responsibility and had notified CQC about all important events that had occurred and had met regulatory requirements.
- When things had gone wrong, the registered manager and the head of care were open and honest about these and had informed relevant partner agencies such as CQC, local authority safeguarding teams and commissioners appropriately.

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

- There was an experienced registered manager in post who was responsible for this service and another service in the local area. The registered manager had safely delegated the day to day running of Bluebird Care (Swale) to an experienced head of care who had started with the service as a member of care staff and successfully secured promotion to this position.
- All staff we spoke with felt supported in their role by the registered manager and head of care. One member

of staff told us, "Today, I phoned the office and spoke with [Head of Care]. They had only just got into the office but as soon as I spoke with them, they had acted within a few minutes. This really helped and I felt not only that was I supported, but the help I needed for the person I support would be put in place immediately."

- There were clear job roles and responsibilities in place and all staff we spoke with understood these. All office staff were fully trained in providing care, so they were available to assist in the community when needed. Staff felt this was supportive and told us, 'It feels like we are all one team.'
- The registered manager and head of care completed a range of daily/weekly and monthly quality assurance audits. These included audits of medication, recruitment files, late/missed calls, care plan and task completed audits. These audits helped to identify if any actions were needed and to be able to rectify them as soon as possible.

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

- The registered manager had implemented a yearly quality survey which was sent to all people who received support. This helped to identify what was working well and if needed, what could be improved. The results of these surveys were analysed, and the results were sent to staff and people. The surveys we reviewed had been positively responded to.
- People had regular reviews of their care needs assessments from senior care staff. This assisted people to receive care and support which was individual to their needs.
- People who use the service and the staff team all received monthly newsletters from the management to inform them of important service updates, information on government guidelines relating to Covid-19, helpful reminders and 'thank you' from the management team to staff who have worked through the pandemic.
- Staff were awarded with long service badges once they completed their first year with the service and then every year completed after. Staff were awarded 'customer accolades,' 'extra mile awards' and 'carer of the month.' The service also provided access to private healthcare cash back benefits for staff who had successfully completed their probation, this offered discounts on costs such as eye tests, glasses and dental work.

Continuous learning and improving care; Working in partnership with others

- Audits had been implemented by registered manager and office staff which ensured the service was working in accordance with policies and procedures and identified any improvement needed.
- The registered manager and head of care had kept up to date with their mandatory training, latest guidance and best practice policies which were relevant to the care and support being delivered.
- Healthcare professionals were contacted promptly when required to ensure people had access to external support. We observed a telephone conversation between office staff and a carer who had reported concerns. Immediately following this conversation, the office staff contacted community nurses and had made an appointment for them to visit in the person the same afternoon.
- The service worked closely with professionals such as occupational therapists and registered nurses which enabled staff to be trained in enhanced tasks such as taking people's temperatures, checking their blood pressure and taking observations etc. This helped avoid the need for further medical appointments and enabled staff to identify changes in people's health which require medical attention.