

Tansonns Limited

# Bluebird Care (Bexley)

## 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 (Bexley) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides a reablement service, personal care to adults, of whom some live with dementia. At the time of the inspection there were 104 people receiving personal care 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

People benefitted from an improved service. However, travel time was not always enough during peak times.

We have made a recommendation about the deployment of staff.

People were kept safe from avoidable harm and were cared for by staff who understood how to protect them from abuse. Staff were knowledgeable about safeguarding vulnerable people and knew how to raise any concerns of abuse.

Risks to people's health and safety had been identified, assessed and had appropriate risk managed plans in place. People's medicines were managed safely, and people were protected from the risk of infections and diseases. The service followed appropriate pre-employment checks before staff began working with the service and lessons were learnt from accidents and incidents to prevent repeat occurrences.

The management team demonstrated a commitment to provide high quality care and knew they had to be honest, transparent and open when things went wrong. Effective systems were in place to monitor and access the quality of the service. Feedback was sought from people, their relatives and staff to improve on the quality of the service provided. The service worked in partnership with key organisations and health and social care professionals to deliver an effective service. Staff knew of their individual roles and responsibilities, they told us they felt supported in their role and were happy working at the 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)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 April 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 11 and 12 March 2019 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Bexley) 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 (Bexley)

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

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

The inspection was announced 24 hours prior to arriving on site. 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 reviewed information we held about the service since our last inspection. This included information received from the provider, as required by law, to report certain types of incidents and events. We sought feedback from the local authority who commissioned care from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with nine people using the service and four relatives by telephone about their experience of the care provided. We spoke with 10 members of staff including, the registered manager, nominated individual, a senior supervisor, an administrative officer and six care workers. 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 10 people's care, risk management and medicines records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service including policies and procedures, safeguarding logs, staff rota, accident and incident logs, quality checks and minutes of staff meetings.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to deploy staff effectively to ensure people were supported safely at the time it was planned for. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, we have made a recommendation about the deployment of staff.

- Staff deployment had improved since our last inspection. People were supported by regular staff who were familiar and knew how to support them. One person told us, "I have the same three care workers."
- However, we had mixed views from people about staff punctuality. One person said, "Sometimes the staff don't arrive on time, but they do ring if they are going to be late. I do understand that the traffic can be horrendous and also the parking." People and their relatives said they had not experienced missed visits.
- We had mixed views from staff about travel time. Whilst some staff felt they were provided with enough travel time others said due to the heavy local traffic during peak times, the allocated travel time was not always enough. A staff member said, "We don't always have enough travel time, but I am not overwhelmed, it is fine."
- The service implemented a new electronic call monitoring system to improve staff attendances. This showed travel time was added between visits. However, additional time was not always considered during peak times or where local traffic was heavy.

We recommend the provider reviews their policies further in relation to the deployment of staff and take action to update their practice accordingly.

- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before staff began working at the service. These checks included employment histories, identifications, two references, right to work in the United Kingdom and a criminal records check.

### Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and neglect. A relative told us, "[Name] feels safe with any of the care workers."
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior managers, local authority or CQC. One staff member told us, "I will feel confident to report abuse, but I have no concerns."

- The manager responded to safeguarding concerns and reported any allegations of abuse to the local safeguarding team and CQC. The service also acted to ensure people remained safe.

#### Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people's health and welfare were identified, assessed and well-managed. Risk management records covered areas including personal care, nutrition, medicines, continence care, mobility and people's home environment.
- Risks were reviewed regularly and when people's needs changed to safely mitigate these risks. Care staff had access to information they needed to care for people safely.
- There was a culture of openness and staff were comfortable reporting any safety concerns. Staff told us the service was swift in acting where any risks to people's health and wellbeing were raised for example with malnutrition, medicines, mobility or behaviour.

#### Using medicines safely

- Medicines were managed safely. People and their relatives confirmed the support they had with medicines was safe and they had no concerns.
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies had been assessed to ensure they had the knowledge and skills to safely support people.
- Where people were supported with their medicines, staff signed the medicines administration records (MARs) to evidence the support they had provided.
- Records showed that people were receiving their medicines as prescribed by healthcare professionals.

#### Preventing and controlling infection

- People were protected from the risk of infection. People and their relatives confirmed staff wore personal protective equipment including masks, aprons and gloves. One person said, "[Staff] washed their hands frequently."
- The provider had an up to date infection prevention and control policies and procedures in place and staff had access to this information.
- Staff had completed training in infection prevention and control and had access to PPE. One staff member said, "We have enough PPE and they [service] are very good and encourage us to take more."
- The provider was proactive in ensuring staff took part in weekly COVID-19 testing to minimise the risk of an outbreak and spread of infections.

#### Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place which provided staff guidance on how to report and record accidents, incidents or near misses.
- Staff had followed the provider's policy and reported and recorded any accidents or incidents that had occurred.
- The service carried out analysis of all accident and incidents to identify trends and ensure appropriate actions were taken to maintain people's safety.
- Lessons learnt from accidents and incidents were communicated to staff through memos, team meetings and supervision sessions to ensure staff were aware and took appropriate actions to reduce repeat occurrences.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; 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

At our last inspection, the provider had failed to have effective quality assurance systems in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team demonstrated a commitment to provide meaningful, high quality, person centred care and by promoting independence and recovery where required. One person told us, "I have had other care companies, but these are better, more friendly." Another person said, "They never slip up. They are very good."
- Effective systems were in place to monitor staff attendances to ensure visits were taking place as planned. Electronic call monitoring (ECM) records showed that travel time had been included between visits and staff stayed for the planned duration of time.
- The recent quality monitoring visit carried out by the local authority was positive. They informed us the service had a robust system in place and staff were proactive in ensuring people received high quality care.
- The management team understood their responsibility under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- The service was well-led. There was a registered manager in post who understood their responsibility to notify the Commission about key events that had occurred at the service as required by law.
- There was an organisational structure in place and staff understood their individual roles and responsibilities and the contributions they made to the service. The registered manager, nominated individual and other staff worked well together as a team.
- The service had an effective governance and accountability system in place. There were various checks carried out by office staff and the management team, the provider's quality team and the local authority.
- Where issues were identified, such as staff attendances, action was taken to improve the quality of care provided. For example. staff were supported through supervision, unannounced checks and training to improve on the service delivery.

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

- People and their relatives views were sought to improve the quality of the service. Results from a customer satisfaction survey carried out in March 2021 showed 100 percent of people said their care workers were polite and treated them respectfully and completed all tasks during visits. 92 percent of people stated they were informed when care staff were running late for their visit and 98 percent of people who responded to the survey stated they were satisfied with the quality of service received.
- A staff survey had also been carried out and the results had been analysed. Where issues were identified for example with the quality of training care staff received, additional support was put in place to improve staff induction, refresher training including safeguarding. A Bluebird Care career pathway was also implemented to support staff professional development.
- Office staff had regular meetings; however, we had mixed views from care staff about staff meetings. Whilst some staff said they had virtual meetings others said there had not been any meetings since the beginning of the pandemic. Despite this, all staff said they felt supported in their role and were able to contact the office or management staff to raise concerns and they were kept updated with relevant information via emails.
- In a recent audit carried out by the provider, this issue had been identified and an action plan to commence monthly staff meetings was in place.

Continuous learning and improving care

- There was continuous learning at the service. The service carried out various risk analysis in areas including accidents and incident, medicines errors, complaints, compliments and concerns, safeguarding concerns and missed/ late visits. Where trends were identified, action was taken to mitigate such risks and improve on the quality of care delivered. For example, care staff contracts were changed from zero hours to a fulltime contract and this improved staff attendances.
- Office staff carried out unannounced spot checks on care staff to ensure the expected standards of care and support was in place and consistent. Where improvements were required, these were made to ensure people's care and support needs were met.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, hospital teams and other health and social care professionals to provide joined-up care. Feedback we received from health and social care professionals was positive, they said the service worked well with them, their communication was good, and they did not have any concerns.