

Caring Bird Consultancy Ltd

# Caring Bird Consultancy LTD

## 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

Caring Bird Consultancy LTD is a domiciliary care service which provides personal care to people in their own homes. At the time of our inspection there were 25 people using the service.

Not everyone who used the service received the regulated activity of personal care. CQC can only inspect where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided. There were 22 people receiving personal care at the time of this inspection.

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

People were happy with the care they received. They told us they felt safe when receiving care from the service. People's care visits took place at consistent times, to suit their preferences. There were systems in place to ensure people's medicines were managed safely and people were protected from the risk of infection. Staff knew how to safeguard people from the risk of abuse and risks to people were assessed and mitigated.

Before people started using the service, their needs and preferences were assessed, to ensure the service could provide the level of care each person wanted. 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 were supported by staff who received training to ensure they had the right knowledge and skills to support people effectively.

People were treated well by staff who were kind and caring. The service had measures in place to support people to feel comfortable with staff. Everyone we spoke with provided positive feedback about how friendly and caring the staff were. One relative commented, "They are all exceptional carers. [My relative] is always so happy to see them. The carers chat with my relative and make them laugh and smile; that is what [my relative] needs and enjoys."

People received personalised care that was responsive to their needs. People told us their preferences were respected and the staff knew them well. People felt able to raise any issues or concerns with the staff if they needed to. The provider had a suitable system in place to manage and act on any complaints.

The service had an open, positive culture. There were suitable systems in place to monitor the quality and safety of the care provided. The registered manager regularly sought feedback from people and their relatives to ensure the service was tailored to their needs and preferences. Staff were well supported by the registered manager. Everyone we spoke with told us they would recommend the service as it delivered good quality care.

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

This service was registered with us on 9 July 2020 and this was the first inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Caring Bird Consultancy LTD

## **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 Act.

#### Inspection team

This 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2022 and ended on 19 May 2022. We visited the service's office on 18 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority 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 the information the provider sent us in their provider information return. 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 four people who used the service and eight relatives about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and a selection of medication records. We looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. Staff were confident the registered manager would act on any concerns they raised to ensure people were made safe.
- People told us they felt safe when being cared for by staff. People's relatives raised no concerns about their family member's safety. Comments from people included, "I feel safe. I can trust the carers to the end of the earth" and "I definitely feel safe with these carers. They are all lovely and treat me well. I have no issues with anyone."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to reduce the risk of people experiencing avoidable harm. People's care records contained details of the risks posed to them, and guidance for staff about how to manage those risks.
- Accidents and incidents were managed appropriately. Staff knew when and how to report relevant events so action could be taken to address any concerns.
- The provider had suitable systems in place to learn from any accidents or incidents. They were analysed by the registered manager, to try to identify any themes or trends. This information was used to help reduce the risk of repeat events and to make continuous improvements to the safety of the service.

Staffing and recruitment

- There were enough staff employed to meet people's needs. Staff were allocated enough time during each care visit to meet people's needs effectively.
- People received support from a consistent staff team which supported good continuity of care. A relative commented, "There is a fairly consistent group who come to assist [my relative]. This is really good as they can spot any changes in [my relative] quickly, which makes me think they are safe."
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

Using medicines safely

- People received their medicines, as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times. People and their relatives were happy with the support they received with their medicines.
- Staff were trained in how to manage medicines safely. Their competence to manage medicines was kept under regular review to ensure their skills and knowledge remained up to date.

- The provider had effective processes in place to monitor the safety of the support people received with their medicines, so any necessary improvements could be made quickly.

#### Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People felt their safety was promoted as staff always wore PPE appropriately. Comments from people and their relatives included, "All the carers are very good at wearing the gloves, masks and aprons" and "I know the carers wear all the protective clothing and I am reassured they adhere to this practice as I feel it keeps [my relative] safe."



# 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.

This was the first inspection of this newly registered service. This key question has been rated 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

- People's needs were assessed before the service started to provide any care to them. A personalised care plan was created following the assessment process, so staff knew what care each person needed and when.
- People and their relatives were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices. A person commented, "Before they started providing my care, they came out to assess me at home and we went through everything I needed."

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they were well prepared, competent and equipped to deliver high quality care. The induction process included shadowing more experienced staff and being introduced to people before delivering care to them.
- Staff received a range of training to help ensure their knowledge was up to date. People told us the staff were competent and provided them with effective support. A person commented, "The staff know what they're doing. They know the answers and they seem well trained."
- Staff received regular support and supervision to review their competence, discuss areas of good practice and to consider ways they could continue to improve. Staff felt very well supported by the management team.

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

- People's nutrition and hydration needs were met. When people were supported with food and fluids, their care plans contained clear guidance about what staff needed to do for each person, whilst promoting their independence.
- People's dietary preferences were described in their care plans, so staff could support them in a personalised way. People and their relatives told us they were happy with the support they received with their nutrition and hydration. A relative commented, "The carers get [my relative] to eat which is really good, as we do not want them to lose any weight. It is reassuring for us to see how well they have got to know [my relative]. They know just what to say to get them to eat."

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

- Staff worked closely with other organisations to deliver effective care and support. For example, the service had sought advice and guidance from a dietician when they were concerned about a person's nutritional intake.

- People and their relatives told us staff were good at identifying when people were unwell and when they needed support from other services. Comments from relatives included, "I know that if there is anything wrong with [my relative], the carers will spot it and highlight their concerns which is very reassuring for me" and "If there is anything wrong with [my relative], I get a call straight away."

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.

- We were satisfied the service was following the principles of the MCA when people did not have capacity to make decisions about their care. People's capacity to make decisions had been assessed, where this was appropriate.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered.

# 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.

This was the first inspection of this newly registered service. This key question has been rated 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

- Staff were kind and caring and treated people with respect. Relatives told us, "I think these carers are fabulous. They are really caring to [my relative] and to me. They all have a lovely attitude to us" and "All the carers are wonderful. They are very good with [my relative] and kind to both of us. They always ask [my relative] how they are and treat them with respect."
- The provider had an effective system in place to ensure people felt comfortable with staff and to support them to feel respected. People told us new staff were always introduced to them prior to delivering any care. A relative commented, "The carers have a lot of time for [my relative]. They don't just rush in. They sit and have a chat and a laugh with them. I can see that [my relative] is comfortable with all the carers and we have no complaints about anything."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment, care planning and review process ensured people remained actively involved in decisions about how and when they were supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People using the service and their relatives told us, "I feel very comfortable with them", "They treat [my relative] with the utmost respect at all times. I am so pleased at the caring attitude of everyone at this company" and "All the carers treat [my relative] with respect and dignity."
- People's privacy was promoted and there were systems in place to ensure people's personal information was protected.
- People's care records clearly recorded which tasks people could do for themselves and what they needed support with. This helped to promote people's ongoing independence.

# Is the service responsive?

## Our findings

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

This was the first inspection of this newly registered service. This key question has been rated 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received person-centred care which met their needs. People told us they received the care they needed, when they needed it. Their comments included, "What I find really good about the carers is that they have time to talk to me and that helps to relieve any loneliness I might feel. I really like their company and we have good chat and laugh" and "This company is responsive to both [my relative's] needs and my needs. This reassures me that my relative is safe with these carers."
- People's care plans were person-centred and easy to navigate. The content of people's care records demonstrated staff had a good knowledge of people's needs, preferences, likes and dislikes. This supported staff to deliver individualised care to each person.
- Staff were supported to get to know people using the service, to ensure they respected their routines and delivered care in a personalised way. People's relative's commented, "All the carers recognise [my relative's] needs and understand what they are trying to convey, which is not easy as [my relative] struggles to communicate. It helps that there is a core group of carers who come to assist [my relative] so they know them well" and "My relative has the same carers which is good as they recognise their needs. I feel very confident that my relative is getting good care."

Improving care quality in response to complaints or concerns

- The provider had a suitable system in place to ensure any complaints were appropriately recorded, investigated and responded to. Their complaints procedure was made readily available to people who used the service.
- People knew how to complain and felt able to raise any issues or concerns with the registered manager and staff. A person commented, "I would tell [the registered manager] if anything was really wrong. She would put it right. I am confident in that" and a relative told us, "I can call them if I have any issues and they listen to me and resolve the situation."

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at this time.

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.

- People's communication needs were assessed and met. People's care records contained information to support staff to communicate effectively with people.

# 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.

This was the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager who provided effective support and guidance to the staff team. Everyone we spoke with told us the registered manager was approachable and supportive. A relative commented, "The management of this company is very good. They are very approachable."
- Staff were clear about their roles and responsibilities. They confirmed they received enough support to deliver a good quality service.
- The registered manager and senior staff regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas which could be improved.

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

- The service had an open culture and a desire to continuously improve. Staff were confident any concerns or issues they raised would be dealt with appropriately by the registered manager. Staff morale was positive, and they all told us they enjoyed their jobs.
- The positive culture of the service supported people to achieve good outcomes and their experience of receiving care was good. People's relatives told us, "This company has been brilliant. I have no qualms going away for a weekend as I know my relative is safe and getting good care. I would definitely recommend them" and "I would definitely recommend this company as the care they provide is really good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and the staff had good opportunities to give feedback about the service. They were actively encouraged to do this via surveys, the complaints and compliments process, during regular reviews of people's care and through informal discussions in person or over the telephone.
- The registered manager and provider made themselves easily available to people using the service, their relatives and the staff. Comments from relatives included, "There is good communication between the manager and us and this is worth a lot" and "The communication with this company is very good. I can always get hold of someone if I need to."
- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.

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 had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.