

Yarrowside Ltd

Bluebird Care (Wiltshire South)

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

Bluebird Care (Wiltshire South) is a domiciliary care service, providing personal care to people living in Salisbury and the surrounding areas. At the time of our inspection there were 25 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.

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

Incidents and accidents were reported. However, the electronic reporting system in use did not provide clear oversight from a management perspective. Instead, the service relied on staff verbally reporting incidents as well as formally documenting them. The manager informed us the reporting and analysis process was being reviewed to rectify this. People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. One person's relative said, "I do feel that [name] is safe." There were enough staff available to meet people's needs. People told us staff always arrived at the scheduled time, stayed for the specified period and no visits were missed. One person said, "Staff always stay for the allocated time and never leave before. They offer to do other things for me too." People were supported to take their medicines safely.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. 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 told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments from people included, "They [staff] are all very friendly and we have a good rapport. There is lots of trust and they are very professional" and, "I cannot fault them, they have been my life saver. They came recommended four years ago and I have since recommended them to my friends". One staff member said, "I see the clients as one of the family. I like to feel as though I'm helping, not intruding."

Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be cared for. Comments included, "I am happy with the care I get from Bluebird. I know them, they are always on time and they will do whatever I need" and, "The staff always make sure that I have everything I need. I think that is very nice and it proves that they do what they say." There was a complaints procedure in place and people knew how to complain if they needed to. No complaints had been received.

Quality assurance processes were in place. There was a quality improvement plan in place. Regular audits of

all aspects of the service were being undertaken. Positive feedback was received from people. Comments included, "I like my Bluebird people, I am very satisfied" and, "Without Bluebird and the care we receive from them, myself and my family would not be able to have weekends away or go on holiday."

We have made a recommendation that the service reviews the management and oversight of incidents and accidents to ensure they are robust.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection - The last rating for this service under the previous provider was Good published on 07 December 2017.

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care Wiltshire South on our website at 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bluebird Care (Wiltshire South)

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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 not a registered manager in post. The manager had started the application process to register.

Notice of inspection

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

Inspection activity started on 19 April 2022 and ended on 23 April 2022. We visited the location's office on 19 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service and five relatives. We spoke with eight members of staff including care staff, a care co-ordinator, a care supervisor, team leaders and the manager.

We reviewed a range of records. This included three people's care records. We looked at three 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. We sought feedback from one professional.

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. The rating for this key question has remained 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 systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "There is a section on [electronic system] where we report issues or concerns. Everything gets documented and reported."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "If I had any concerns, I would report straight back to the office and the office would then take action. If they didn't resolve it, I would whistle blow. We are people's voices so we must report."
- People using the service told us they felt safe. One person said, "The more you see them [staff], the safer you feel. That's the way I feel, very safe in their hands. I am very happy with them."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, plans detailed when staff needed to use equipment to move people safely.

Staffing and recruitment

- There was a policy in place for the safe recruitment of staff.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- There was enough staff on duty to meet people's needs. People told us they were usually supported by the same staff. One member of staff told us, "I see the same customers most days and I love it. I know how that person was yesterday and so if something has changed I can tell straight away."
- People and their relatives told us staff usually arrived on time. Comments included, "They are always on time or on rare occasions, if they're running late, they let us know."

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent. Staff competencies were assessed twice yearly.

- One person's relative said, "They [staff] look after [relative's] medication very well and record everything." Another person's relative said, "At one point the doctor said to me to cut down one of the pills to half per day. Bluebird would not just take my word for it, they had to have it confirmed in writing."
- Regular audits were carried out to check that administration records had been signed and that stock balances were accurate.
- There were no records of medicines incidents for 2022. The manager told us they were in the process of implementing an incident reporting process which would give them oversight of medicine incidents.

Preventing and controlling infection

- Staff confirmed they had access to enough PPE and had received infection control training. One staff member said, "I wear a mask, apron and gloves in all client's homes and dispose of everything when I leave." Another member of staff said, "We are given plenty of PPE."
- People confirmed staff always wore PPE during visits and changed gloves between tasks.
- Staff were part of a regular testing programme for COVID-19.

Learning lessons when things go wrong

- The system in place for managing incidents and accidents was not robust. Although staff reported incidents via the electronic app, at the time of the inspection there was no management oversight or analysis taking place. This meant the provider was unable to easily assess and monitor for any trends. The manager told us this was an area identified for immediate improvement.
- Staff said when they reported incidents via the app, they informed the office team and the manager as well.
- Details of incidents had previously been shared during staff meetings so that lessons could be learned to prevent recurrence. We saw records of these in minutes of staff meetings.

We recommend the provider reviews the incident and accident reporting and analysis process to ensure robust oversight is in place.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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 support needs were assessed and regularly reviewed.
- One member of staff said, "We speak on the phone first to prospective customers and we ask them how long they think they need visits to be. We do a pre assessment visit at their home and talk it through a bit more and look at how they want things doing. Then two weeks later we review it, to see if it's working or if we need to change something."
- The manager said, "We do care reviews face to face which also gives an opportunity for family members to attend."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and unannounced spot checks of their care practices were carried out.
- There was a formal induction programme for new members of staff. One member of staff said, "The team leader I worked with when I started, didn't make me feel rushed or pressured at all. They checked I felt comfortable and made me feel really confident. If I felt like I needed to slow down, they made me feel that was OK."
- Staff had regular supervision sessions.
- Staff told us they felt supported. One staff member said, "[Provider] has always been very supportive. I always wanted to progress and develop, and I believe they saw the potential in me." Another member of staff said, "There is always someone available out of hours and during the weekend. They always answer calls and always offer support."

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

- Where required, people were supported to eat and drink well.
- Care plans detailed people's preferred food and drinks and how they liked staff to prepare them. One person's relative said, "The staff always make sure [name] has a coffee and juice at every visit."
- One staff member said, "I always give people a choice. They might have the same thing every morning, but I always ask, 'do you want your usual breakfast?'"

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

- Staff ensured people's healthcare needs were met. One staff member said, "I would report it if someone was not feeling well. If I was concerned, I would ring the office and they would speak to the GP."

- Staff told us that on occasions when they had needed to call an ambulance, they had stayed with people until help had arrived. They told us the office team had covered their visits for them when this happened.

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.

- People consented to their plan of care.
- Staff understood the principles of the MCA. One member of staff said, "Today, I met a new lady. I knocked, waited and then when she said hello, I went in and introduced myself. I always think about how I would feel." Another member of staff said, "It's important that people can still make decisions, so I always ask first."

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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- Without exception, staff spoke highly of their roles. One staff member said, "It's the emotional support that is so important. Having a chat with people and maybe just doing a quick tidy up to help out. People say thank you and give you a hug. It makes you feel good." Another member of staff said, "I enjoy the job, I always smile and feel pleased to make people happy, making sure they're safe and comfy."
- People and their relatives said staff treated them well. One person said, "I feel very looked after, they [staff] do their best, all of them. They always ask how I feel, and they tell me what they are going to do. The male carer is always very gentlemanly."
- Another person said, "They [staff] are very attentive, they are brilliant. I am very satisfied."

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

- People and their relatives said they were involved in making decisions about care. One person said, "There is an annual agreement when someone comes out and goes through everything to check the package is right. It takes just over an hour. It is very thorough."
- Another person's relative said, "They do whatever [name] needs and whatever I need."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to promote privacy and dignity. One person's relative said, "The staff stand outside the bathroom when [name] is in the bath. They respect [name's] privacy."
- One member of staff said, "I respect the fact this is someone's home. I always call out and let people know I've arrived. One lady today wasn't in the lounge, so I called out again as I went up the stairs, and then called out again and knocked on the bedroom door."
- Another staff member said, "I always close curtains, make sure people are comfy, ask them are they happy for me to help them get undressed. I get a large towel to cover them, so they're not sat there naked. I know how it would feel. I just want people to feel comfy, it's their house after all."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- The manager told us people's care plans were being updated and this was a work in progress. We looked at some of the plans that had been reviewed and there was detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan, there was information for staff on where to locate flannels and which colour to use for which part of the person's body.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured that staff had easy access to information about the people they were supporting. People's relatives could choose to have secure access to care records if they wanted. One person's relative said, "Access to the notes is really good, it's easy to access and helpful because you can see what they have been able to do."
- Staff said the system enabled them to see all information they needed. One staff member said, "I read them [care plans] to get a good insight into people. It builds up a bigger picture for me."
- Staff said they were allocated enough time to meet people's needs during visits. One member of staff said, "I'm not under any pressure to rush visits. There is plenty of time to do what you need to do and time to get from A to B. If people do need more time, we just tell the office and they will action it." Another member of staff said, "I never leave early. I always ask, 'Is there anything else you need?'. I would never say, I can't do that, because I'm in a rush."

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, and preferences were assessed. One person said, "I have very little eyesight, but I can manage to stay at home with the help I get from them [staff]."
- Care plans contained information such as whether people preferred to be contacted by phone, letter or email.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints had been investigated and resolved.
- Complaints received were reviewed monthly to identify any trends. No complaints had been received this year.

- People said they knew how to complain. One person said, "If I wasn't happy, I would be ringing the office and I know they would get it sorted for me."
- The service had received compliments from people. An example we saw was feedback from a relative about a member of staff who had developed a good relationship with the person.

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care. The manager said this was something they could provide if needed.

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. The rating for this key question 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

- Staff understood person centred care. Comments included, "The care we give is what people deserve. It's about making people feel comfortable and relaxed" and, "I love my job. It's the customers for me. I love feeling I've made a difference. They're always pleased to see me which makes me feel good."
- Staff gave mixed feedback on morale. The service had experienced some management and care staff changes, which some staff had found unsettling. One member of staff said, "Morale amongst the care staff is low, but I can't pinpoint exactly why." Another member of staff said, "It [morale] dipped a little bit, but there are some people who don't like change. It is improving now though."
- People using the service knew who the manager was. People said the manager was easy to contact. Comments included, "I message the manager at weekends on occasions, and she always gets back to me even when she is not on duty" and, "The manager always responds."
- All of the staff we spoke with spoke positively about the new manager. They said, "[Manager] has been fabulous. She's always got time to listen" and, "[Manager] has the professionalism we need and is also a friendly person. She sticks up for us, she's firm but fair. It really feels like she's got our backs."
- The provider had a variety of ways to reward and motivate staff. These included recognising staff performance via a points-based app and celebrating staff birthdays. The manager said, "I think that's why [provider] keeps their staff, because they are nice and supportive of everyone."

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 manager understood their responsibilities to be open and honest with people. Staff were clear about their roles.
- The registered manager understood the requirement to notify CQC of various incidents, so that we could monitor events happening in the service

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

- The previous registered manager left the service earlier in the year. The new manager had started the process of applying to register. They were also a registered manager at another of the provider's sites and planned to oversee both services, supported by a strong team of senior staff.
- The manager had recently put in place formal systems to monitor how the service was performing. This included a programme of audits covering all aspects of the service, spot checks of staff, training and

competency assessments and regular reviews with people using the service. The outcome of these audits fed into an action plan. We saw the action plan and spoke with staff involved in improving aspects of the service, such as care plan reviews.

- An external auditor visited every three months to monitor regulatory compliance.
- The manager told us they were supported with weekly provider visits. They said, "I absolutely feel supported in my role. Some directors you never see, but that's not the case here."

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

- Feedback had recently been sought from people using the service. Surveys had been analysed and the manager had written to people to let them know how the feedback was informing change. For example, some people had commented that they would like to always be told if staff were running late. The manager had told people they were committed to ensuring people knew if a scheduled visit time changed by 30 minutes.
- Although staff surveys had been sent out, the response rate had been poor, and the manager said they were considering other ways to seek feedback from staff.
- Staff meetings had been reinstated. We saw minutes of the most recent meeting. Staff told us they felt confident to speak up during these meetings.
- One staff member said, "I couldn't attend the last meeting, but I've been told there will another one booked for those of us that couldn't make it."

Continuous learning and improving care

- The manager was open and transparent when speaking to us. They shared their action plan with us. They said, "I know we need to improve some areas such as documentation and reporting, and get the team to a strong and stable point."
- One staff member said, "[Manager name] is just what we need here. They are interested in the whole business, customers and staff."

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority and health professionals.