

Care and Training Services Limited

# Bluebird Care (Canterbury and Thanet)

## Inspection report

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21 June 2019

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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 (Canterbury and Thanet) is a domiciliary care agency which provides care and support to people living in their own homes. Support calls varied from a 15 minute welfare check to live-in care. Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection 75 people were receiving personal care.

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

People told us they felt safe being supported by staff from Bluebird Care. People were protected from abuse, discrimination and avoidable harm. Staff recognised signs of abuse and knew how to report concerns. They were confident the right action would be taken to keep people safe. Risks to people's health and well-being were assessed, monitored and regularly reviewed. Action was taken to keep risks as low as possible whilst respecting people's freedom and choices. People continued to be supported by staff they knew and who had been recruited safely. People were supported to have their medicines on time and safely and were encouraged to manage their own medicines safely.

People's health and social care needs were assessed and regularly reviewed. Records were kept up to date with any changes to people's needs or preferences. Staff completed regular training to make sure they had the skills and knowledge to support people. People were encouraged to have a healthy and balanced diet and to drink enough. People were supported with appointments to their GP when needed. Staff worked with health care professionals, such as community nurses and occupational therapists, to make sure people remained as healthy as possible. 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 received care that was tailored to their individual needs. People told us they were treated with kindness. One person said, "They are kind and polite. I would say they are respectful". A relative commented, "Every single one of the girls are smashing. We have a laugh and always have a chat. At my age having a sense of humour is really important". People were encouraged to remain as independent as possible. People and their relatives were involved in the assessment, management and reviewing of their care. When people were unable to make decisions for themselves, the provider arranged for them to have support to make decisions. People knew how to complain but did not have any complaints about the service they received. Staff worked with health care professionals to support people at the end of their life to have a comfortable, dignified and pain free death.

The provider and registered manager worked cohesively with the staff team. They promoted an open and transparent culture where everyone was valued. Regular effective audits and checks on the competency of

staff were completed to make sure people received a high quality of care and support. The service engaged with the local community. People were regularly asked to feedback about their experiences of using the service, so the provider could continue to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good. (Published 22 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 (Canterbury and Thanet)

## **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

This inspection was carried out by two inspectors.

### 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 (CQC). 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

This inspection was announced. We gave the service 48 hours' notice. This was because the service is a domiciliary care agency and we wanted to make sure we were able to meet and speak with people and staff.

Inspection activity started on 20 June 2019 and ended on 21 June 2019. We visited the office location on 20 June 2019.

### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return online. They contacted CQC and arranged to send the information via email. 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 four people and two relatives by telephone and visited three people in their homes to talk about their experience of the care provided. We spoke with six staff and the registered manager. We reviewed a range of records. This included four care plans and associated risk assessments, staff training and supervision records and a variety of documents relating to the management of 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same - Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe having staff from Bluebird Care supporting them. A relative commented, "I never have to worry about [my loved one's] safety. The staff have the keysafe number to get in. Sometimes I have been there when they come in. They always call out to say they have arrived".
- People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular safeguarding training and knew how to identify and report any concerns. The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Risks to people were assessed, identified, monitored and reviewed. Action was taken to reduce risks to people's health, safety and well-being. For example, when a person had reduced mobility there was guidance for staff to ensure the environment was free of clutter and to make sure the person's walking frame was left near them. This reduced the risk of the person tripping or falling.
- When people had specialist equipment there was guidance for staff on how to use it safely.
- Staff rang the office if they were concerned about people's safety to make sure health care professionals could be contacted.
- The provider's whistle blowing, and safeguarding policies were available to all staff via a mobile phone application. There was an open culture and staff were encouraged to raise any concerns. Staff felt confident they would be listened to and that the registered manager would take the appropriate action.

Staffing and recruitment

- People were supported by staff who continued to be recruited safely. Full employment history was checked and any gaps in this were discussed during the interview. Disclosure and Barring Service criminal record checks were completed to help the provider make safer employment decisions. References were obtained to make sure people were of good character and people's Right to Work in the UK was checked when required. The provider had an on-going recruitment programme.
- People were supported by enough staff. People told us staff usually arrived on time and they had not missed any calls. Some calls were only 15 minutes, and these were only to support with medicines or welfare checks. The remaining calls were 30 minutes or more. One person told us, "I get worried if they are ten minutes late. Nine times out of ten they ring to let me know".
- Staff worked flexibly as a team to cover emergency shortfalls, such as sickness. One person said, "I know who is going to come. They say, 'It is not me this afternoon it will be so and so'".
- An on-call system was provided outside office hours for when staff needed advice or people had a

problem. A relative told us, "When [my loved one] was unwell they were amazing. I had to phone the out of hours number and [staff] was superb. Utterly amazing". Staff said, "I will call on-call if it is out of hours. They always answer. I only ring them if I need to though".

- The registered manager matched staff with people, considering personality and training. Staff told us, "I am a live-in carer. I support a wonderful client. We get along very well, and we share some similar interests".

#### Using medicines safely

- People were supported to have their medicines safely and on time. Staff were trained in medicines management and assessed as competent before they began to support people with their medicines. Any allergies to medicines were clearly highlighted on the electronic care plan.
- People were encouraged to administer their own medicines when possible to remain as independent as possible. Care plans detailed guidance for staff about what medicines people needed and how they preferred to take them.
- When people needed special creams to keep their skin healthy there was guidance, including a body map, for staff to make sure it was applied correctly.
- People were supported to get their prescriptions and to have their medicines reviewed by their GP when needed.

#### Preventing and controlling infection

- People and relatives told us staff used gloves and aprons to reduce the risks of infection.
- Staff understood their responsibilities in relation to infection control and hygiene. They completed regular training to keep up to date with best practice.
- Staff told us they kept a stock of gloves and aprons and they collected stock from the office whenever they needed it.

#### Learning lessons when things go wrong

- The registered manager and staff understood their responsibilities to record safety incidents, concerns and near misses.
- For example, a log of any falls people had was maintained to monitor any patterns to make sure a referral was made to the relevant health care professional in a timely manner.
- The registered manager investigated concerns and liaised with the local authority, people, relatives, staff and health care professionals to identify any areas for improvement.
- The registered manager had reviewed medicines recording errors and arranged for staff to complete additional training and undertake further competency assessments to reduce the number of errors.
- A culture of openness and transparency was implemented, and these experiences were used as learning opportunities.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same - 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, choices and preferences were assessed prior to using the service to make sure their needs could be met. Assessments included meeting any needs and lifestyle choices a person may have to ensure their rights under the Equality Act 2010 were fully respected, including needs relating to disability, sexuality and religion.
- The registered manager told us, "We currently provide support for a number of people from different cultural backgrounds. Their care plans reflect their beliefs and what is important to them. One example of how staff ensure they respect their beliefs is by covering their footwear before entering the property".
- People's medical conditions were recorded in detail on the electronic care plan. This included the diagnosis and how it affected people's abilities. There was information for staff about what signs to look for to observe any deterioration in people's physical or mental health.

Staff support: induction, training, skills and experience

- People told us that staff were trained and knew how to provide the right care and support. A relative commented, "Staff have the right skills. Staff look after [my loved one's] health conditions which is quite complex, and they do it well".
- Staff completed an induction when they joined the service and shadowed experienced colleagues to get to know people. Training was closely monitored to make sure staff completed refresher courses when needed to make sure they kept up to date with best practice.
- Additional training in topics such as dementia, use of oxygen, catheter care, stoma care and anxiety were completed to make sure staff had the skill they needed to provide the right care and support to people.
- Staff told us they felt supported. One to one and group supervision meetings were held regularly to share ideas and updates and to discuss personal development. Staff said, "I feel valued and very well supported. I keep up to date with my training. If I wanted training on something I know they would arrange it for me. I have regular supervision visits. They come to me every week I am working, that's what they do with the live-in staff. They care about us and our well-being".

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

- Some people needed support with their meal preparation. There was guidance for staff about what support was needed and what people's preferences were.
- People were assessed to see if they were at risk of malnutrition or dehydration. When needed staff recorded information on food and fluid charts to make sure people ate and drank enough. Staff liaised with health care professionals, such as speech and language therapists and dieticians when needed and

followed any advice given to them.

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

- People's physical and mental health were monitored and reviewed. People were supported, when needed, to contact their GP.
- People received consistent, timely, co-ordinated and person-centred care. Staff worked with health care professionals, such as the local authority, the hospice, enablement teams and community nurses, to deliver effective, joined up care. For example, the registered manager had liaised with the occupational therapist for a person who was bed bound to obtain additional specialist equipment. The person is now supported into their new armchair each day.

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 Act 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA. At the time of the inspection no-one was subject to an order from the Court of Protection.

- People told us staff asked for their consent before they supported them with their personal care.
- People's care plans detailed what decisions people could make and when they may need additional support. When people needed additional support to make decisions about their care, best interest meetings were held with people's relatives or advocates and health professionals to make a decision in the person's best interest.
- Staff told us, "[Person] isn't able to do much for them self anymore but they are still very with it and have the capacity to make all their own decisions. For example, sometimes when they have a new medicine, they read all the information that comes with it and decides they are not going to take it. That is their choice. We talk about the risks of not taking it but at the end of the day it is their decision. I always let the office know if that happens then it can be monitored".

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same - 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

- People and their relatives told us the staff were kind and caring. People said, "The staff are caring, efficient and charming" and "They are wonderful, all the girls are lovely".
- A relative commented, "I could give you a whole load of reasons for using Bluebird and I guess to sum it up it would be - caring, understanding, professionalism, and empathy. Everything is top notch".
- Staff knew people and their preferences well. They had built positive relationships with people and their relatives.
- Care plans were tailored to meet each person's individual needs and included their likes, dislikes, things and people that were important to them and their religious and cultural preferences. People were supported to attend religious services when requested.
- Staff looked at different ways to communicate effectively. For example, staff were supporting a person to learn English and used a tablet computer to translate information.

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

- People and their relatives were encouraged to be involved in the planning, managing and reviewing of their care and support. People signed their care plans to confirm they agreed with them.
- One person told us, "The girls know what needs doing and how to do it". A relative commented, "Staff all know [my loved one] really well and know how they like everything done. You don't have to explain anything to them".
- People were supported to medical appointments when needed so they could express their views and be fully involved in decisions about their care.
- Staff arranged for people to have advocates to support them in making decisions when needed. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. One person told us, "I can do a lot for myself. They help with the things I need. If I ask them to do something they will do it. Nothing is too much trouble". Another person commented, "I chose Bluebird because of what they said they could do – to help me be independent".
- Staff followed information in the electronic care plans to support people with their personal care. This was step by step guidance which included details about closing curtains and covering people whilst supporting them. The registered manager and staff told us it was important 'To do with and not to do for' people.

- A relative commented, "There have been times when I have gone in and they are sitting just chatting with [my loved one]. They make the time to have a chat with them and don't just work through a checklist".
- Staff completed training about respect, privacy and dignity matters and confidentiality to make sure consent was gained and that information was not shared inappropriately.
- People's confidential personal information was stored securely in line with General Data Protection Regulations.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same - 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

- People's physical, mental health, emotional and social needs were assessed, managed and regularly reviewed. Care plans were written and developed with input from people and their relatives to make sure they continued to have as much choice and control as possible.
- People's care plans were updated to reflect any changes in a person's needs or preferences.
- People told us they contacted the service if they needed support at short notice or needed to amend their call time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered during the assessment process and reviewed when people's needs changed. Care plans and other important documents were provided in a format in the way that suited people best. For example, some people were unable to sign to agree their care package. The provider implemented voice recordings to enable people to give consent verbally.
- Pictorial charts had been used to support some people. Staff told us people had been able to tick off different stages of a task which had given them a sense of achievement as well as making sure they knew what would be happening next.
- Information, such as the services customer guide, were available in audio, braille and larger print. The registered manager had also contacted the Royal National Institute for the Blind for advice and support about how to effectively communicate with people.
- The provider was a member of the Government 'Disability Confident' scheme which supports employers to make the most of the talents disabled people bring to the workplace. The provider made reasonable adjustments for staff in relation to protected characteristics.

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 were offered the opportunity to attend a monthly 'Chinwag Tuesday', held in a local café to reduce the risk of social isolation and loneliness.
- The provider arranged several charity coffee mornings. For example, two had been in aid of Macmillan Cancer Support and another had been hosted at the local synagogue for the Jewish community. These had been attended by people, their relatives, staff and members of the local community.

- The provider used their social media to run a campaign for Remembrance Day where they agreed to donate 50p for every photo shared in relation to the event. Staff supported people to put on their uniforms and display their medals for the photos. People were able to keep up to date with any news from the provider on their public social media pages.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain. People said they did not have any complaints about the service provided. One person told us, "I don't think I have ever had anything to complain about. I would say something if I wasn't happy. The girls would do something if I had a problem". A relative said, "I have never had cause to complain. I would speak to the office instantly. One of the best things is I can always get hold of someone, no matter when I need the help. I know they would be straight on it if there was an issue, but there never has been".
- The registered manager monitored formal complaints and informal issues. These were dealt with in an open and transparent manner. Investigations were completed, and people were written to with the outcome and any actions that had been taken. They were responded to and resolved satisfactorily. When a theme was identified action was taken to reduce the risk of further issues.
- People were asked during reviews if they knew how to complain and people had told the provider they did. When people began using the service they were given a copy of the complaints process. The provider had not checked that these were still in people's homes. We discussed this with the registered manager. Following the inspection every person was written to reminding them of the process.

#### End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's choices regarding their end of life care including that they wanted to pass away in their own home and their spiritual and cultural preferences were recorded to make sure their wishes could be followed.
- The registered manager noted on the provider information return, 'We often have to respond at very short notice to referrals from Continuing Healthcare for people who have expressed their wish to die at home. In some cases, it is necessary to set up the care package within 24 hours. In cases such as this, the office team often collaborate to ensure suitable carers are readily available and that care plans are where possible, risk assessed and contain as much information for care to commence'.
- Staff completed end of life training to enable them to compassionately support people on palliative care.
- The provider supported people's relatives and the registered manager told us, "We send a bereavement card the families of customers that have sadly passed away to show that we are thinking of them at a difficult time".
- Staff had received numerous 'thank you' cards from the relatives of people who had passed away.

# 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 Good. At this inspection this key question has remained the same - 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

- People were positive about the service and felt it was well-led. They said, "They have been marvellous. I would recommend Bluebird to others without a shadow of a doubt" and "[The registered manager] is lovely and very efficient. I would recommend Bluebird". A relative commented, "I would recommend Bluebird as they do the extra to help. We have a good relationship with the office staff and work together".
- The provider had a clear vision and set of values for the service which was shared by staff. This focused on people being treated as individuals and receiving high quality care.
- There was an open and transparent culture. Incidents and complaints were discussed openly with staff to make sure lessons could be learnt.
- The provider and registered manager lead by example and worked with the staff each day. They coached and mentored the team.
- The registered manager appreciated when staff went the extra mile. For example, when a member of staff was unable to use their car they walked from one town to another to make sure people were provided with the care they needed by staff they knew. The registered manager said, "As a way of showing our appreciation we sent a thank you card to acknowledge their commitment to their customers".

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

- The provider and registered manager understood their regulatory responsibilities. They notified the local authority and the Care Quality Commission (CQC) of incidents in line with guidance. The rating from the last report was displayed in the office and on the provider's website.
- Regular, effective audits were completed, and staff competency monitored to make sure people received good care. When a shortfall was identified action was taken to reduce the chances of it happening again.
- Managers and staff were clear about their roles. They felt supported and valued. Staff told us, "I have worked for a number of care companies and this is by far the best" and "There is really good communication and also support from other members of staff".

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

- Regular quality surveys were completed to monitor the quality of service people received. The results were analysed, and action was taken to make improvements.
- The results of surveys were sent to people via the service's newsletter. The registered manager explained they shared the results with the staff team "To help build their morale and inspire them to continue with their hard work".

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with changes in legislation and best practice from several sources including; Caring matters, UK Homecare Association, Social Care in Excellence, The National Institute for Health and Care Excellence, CQC and the local authority.
- Staff worked with health care professionals, such as hospice nurses, community nurses and NHS practitioners to provide effective, joined-up care.