

GSK One Limited

# Bluebird Care (Gateshead)

## Inspection report

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20 November 2018

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Bluebird Care Gateshead is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection it provided a service to approximately 41 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

We received consistently excellent feedback from people and relatives about the care provided and the caring approach of the staff team. People and relatives enthusiastically told us about the exceptional care the service provided and how staff had exceeded their expectations. People used words such as "my angels" to describe how they felt about the staff team. We heard about many situations where staff had gone the 'extra mile' to ensure people received the care wanted and needed.

People, relatives and staff felt the service was safe. Staff had a good understanding of safeguarding and the whistle blowing procedure. They also knew how to report concerns.

People received their care from a reliable and consistent staff team whom they knew well.

The provider had effective recruitment checks to ensure new staff were recruited safely and were suitable to work for the service.

Staff supported some people to receive their medicines safely. Accurate records were kept confirming which medicines staff had given to people.

Staff told us they received excellent support and the training they needed. Records confirmed one to one supervisions, appraisals and training were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. For instance, staff supported people to make daily living choices and decisions.

Staff supported people to ensure their nutritional needs were met. This included preparing meals people had chosen.

Records showed people had regular input from a range of health professionals in line with their needs. For

example, GPs and community nurses.

People's needs had been fully assessed to identify their care needs. This was used as the basis for developing detailed and personalised care plans. These were currently being reviewed with input from people and relatives.

There had been no formal complaints made about the service. People and relatives only gave us very positive feedback about the service. Although they did tell us they knew how to complain if they wanted.

The provider had a comprehensive approach to quality assurance. A range of checks and audits were completed to help ensure people received good care.

People and staff gave us good feedback about the management of the service. Staff told us they could approach management at any time if they needed support or guidance.

There were good opportunities for people and staff to give feedback about the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service has improved to Outstanding.	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Bluebird Care (Gateshead)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 15 and 20 November 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we visited four people who used the service. We also had telephone conversations with a further three people and four relatives. We spoke with a range of staff including the nominated individual, the manager and three care workers. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the service.

# Is the service safe?

## Our findings

When we last inspected Bluebird Care Gateshead we concluded the service was safe and rated it good. Following this inspection, we found the service was still safe and our rating remains good.

The provider continued to manage medicines appropriately. Staff had completed training and their competency had been assessed to ensure they had the skills and knowledge to administer medicines safely. Accurate records were kept confirming which medicines staff had given to people. Care plans described how staff supported people with their medicines, including details of any preferences they had. Medicines audits were carried out and these were effective in addressing issues.

People, relatives and staff told us they felt the service was safe. People and relatives commented, "I am very safe" and "I feel [family member] is safe with them." One staff member said, "It is definitely safe. The team are caring carers, very alert, very aware."

As with our last inspection the provider assessed and managed risks effectively. Care plans also considered any potential risks to people's safety and identified measures to keep people safe.

Staff had a very good understanding of safeguarding and the whistle blowing procedure. They said they hadn't previously needed to raise concerns but would do so without hesitation if needed. Previous safeguarding concerns had been dealt with correctly. This included referring matters to the local authority safeguarding team and completing a thorough investigation.

People received support from reliable and consistent staff. People and relatives commented, "They are reliable, it is pretty consistent with who turns up", "They do turn up on time. If they are going to be late they let me know. I have a regular girl" and "There is continuity of care. It is the same handful of girls all the time, so they get to know people and you don't have to explain from scratch every time." Staff told us their rotas were well organised which allowed them to give people the time they needed. One staff member commented, "Most of the time rotas are okay, you have a 15 minute window [in case calls run over]. If we know we are going to be late we ring the office to let the next client know [we are running late]."

The provider had effective procedures for recruiting new staff safely. This included carrying out pre-employment checks such as receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

We viewed the provider's incident and accident records. These showed there had been a small number of accidents involving staff but none for people using the service. Actions and learning had been identified to prevent a recurrence.

The provider had policies and procedures for promoting best practice in relation to infection control. Management completed spot checks to ensure staff followed these practices. We observed during visits to

people's homes that staff used the equipment provided and observed good hand hygiene.

## Is the service effective?

### Our findings

When we last inspected Bluebird Care Gateshead we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed to identify their care needs, including religious, cultural and lifestyle needs and their preferences. One relative said, "[Manager] came and went through a whole lot of stuff. We were asked for views. They are very good." People were involved in this process and their views were clearly documented.

Staff told us they were extremely well supported to develop the skills and knowledge they needed. Their comments included, "We are supported 24/7. There is always somebody at the end of the line [to talk to]", "They ask if any issues, do we need more training, any worries about the people we look after. The office is always here for us", and "I am very supported. I feel privileged and lucky to work for these guys." Essential training for all staff included equality and diversity, nutrition and moving and handling. Records showed training, supervision and appraisals were up to date when we inspected.

The provider continued to follow the requirements of the Mental Capacity Act 2005 (MCA). Staff had a good understanding of MCA. They also knew how to support people with making decisions and choices. One staff member said, "We show them [people] meals or show them clothes. We ask if they prefer this or that. We help them to keep as much independence as possible." Another staff member described how they supported one person to make meal choices. They said, "We put things out on the bench and [person] chooses what they want. We let [person] take their own time to process [the information]."

People confirmed staff asked for their consent before receiving providing care. They also said staff always asked if there was anything else they needed before leaving. One person commented, "Before they go, they always say do you need anything else."

Staff supported people to meet their nutritional and health care needs. Care plans described the individual support people needed in these areas including any specific preferences they had. Staff described how they worked alongside community health professionals and had received positive feedback about the care they provided. One staff member said, "We work alongside district nurses. We get good feedback [from district nurses] especially around managing pressure care and how well we keep on top of pressure issues."

People told us they received the support they needed to have enough to eat and drink. One person said, "They make me anything I want [to eat]." Another person told us, "I wouldn't bother eating or anything if I was on my own. When somebody else is there, it does encourage you. [Care worker] looks after me so well." Relatives also confirmed this. They commented, "They provide [family member] with breakfast."

## Is the service caring?

### Our findings

When we last inspected Bluebird Care Gateshead the service was caring and we rated it Good. Following this inspection, we found the service was especially caring and our rating has improved to Outstanding.

The provider's values placed people at the heart of the service, aiming to promote independence and maintain their chosen lifestyle. People, relatives and staff clearly and consistently articulated how the service puts people first, valued staff and provided highly personalised care. People and relatives commented, "They make me feel like I am the only individual they have on their books" and "They treat [family member] as an individual. I hoped she would feel content [with the care staff] and she does." Another relative wrote to the provider to praise staff for how they "treat [family member] as an individual" and "go far beyond the practical tasks required of them".

Staff were especially motivated and dedicated to providing individualised care. They described how they felt equally valued and cared for in their role. Staff said this was "without doubt the best place they had worked". They described feeling happy and content at work due to a shared feeling of family, belonging and togetherness. Staff commented, "I have never felt so wanted in a job. You can also get carer of the month" and "It is a lovely firm to work for. It feels like a family."

In addition to the exceptionally positive feedback people gave us directly, the provider had also received numerous written compliments praising the especially good care provided. Staff were consistently praised for providing "excellent", "wonderful", "brilliant" and "first class" care. They were described as "highly competent", "hard working" and "completely reliable, friendly and patient".

People and relatives gave only exceptional feedback about the care provided and the kindness of staff. People talked fondly about the staff and how much they relied in them. People and relatives commented, "[Staff member] is an angel. She does a lot of little jobs for me. I like her, I call her my angel. We have a good laugh", "They are a very good help. The girls are all friendly, you can sit and talk to them", "I am very happy with everything", and "We feel we struck lucky, we are very pleased. They are very caring people, you can see that when you are with them. It is not just a job, they really care. You feel secure with them."

Relatives went on to tell us staff were like an extended family, having developed special bonds with their family members. They commented, "They seem fond of [family member]. They are interested in their life and what is going in with them. [Family member] enjoys chatting with staff", "I really feel as though they [staff] are interested in [family member]. They are doing their job because they want to do it" and "My [family member] has been able to have a good relationship with [staff member], she likes her. They treat [family member] very politely, very respectfully". Likewise, staff commented on these close bonds and positive relationships which had developed with people.

We found numerous examples where staff went the 'extra mile' to ensure people's needs were met in personal and meaningful ways. One person described how staff had gone above and beyond to support and encourage them to complete their prescribed exercise regime. They told us this had a significant impact on

their level of independence and wellbeing. The provider spent time with the person to understand what support they wanted and agreed for the staff team to take on this additional responsibility. Due to the motivation and dedication of the staff team, over time, the person could move and lift their legs, providing them with both relief and a greater level of independence. The person told us, "They [care staff] do exercises with me every morning. I see the same two staff every morning, it is consistent. [Care worker] has it off to a tee. They are caring, they listen to you."

Relatives praised staff for their skill and patience to develop a bond with their family member who was living with dementia. The person previously resisted involvement from professionals. Through providing consistent staff, a trusting relationship with the person gradually developed. The person now welcomed staff into their home, accepting support willingly. The person's independence and sense of wellbeing was enhanced by making daily living choices, such as what they wanted to wear and was regularly accessing the local community to go to the hairdressers. A relative commented their family member's life had improved significantly. They said they were, "So very pleased we took the difficult decision to have support for [family member] ... Bluebird Care Gateshead's staff have been exceptional from the off and put [family member] at ease. [Family member] enjoys the carers' visits and their spirits are lifted."

Another relative described how their family member, who was living with dementia, responded positively to singing. Staff had used this to engage positively with the person. The relative told us staff had taken the initiative to find out about their family member's favourite music and encouraged them to join in with the singing. They said staff "look [songs] up on you tube and sing with [family member]. They are brilliant. They give me peace of mind."

Another relative told us about a time they were unable to contact their family member. They said staff went "out of hours" to check the person was okay and reassure them. The relative said, "I can't speak highly enough of them. We are lucky to have company that are as reliable and caring."

The provider praised a staff member for using "initiative" ensuring people received their care during the period of heavy snow." Staff walked miles each day to get to people's homes. A staff member drove less confident drivers to calls when the roads reopened. One person commented they would give "five stars" to the staff who still managed to get to their home despite the weather.

Relatives praised the provider's inclusive approach to communication. They felt listened to and said staff were flexible about implementing individual systems they requested. One relative had requested using a specific notebook to share information, which had been implemented immediately. They commented, "We left a little notebook in [family member's] flat for communicating. It is very useful, they are very co-operative in that way." Another relative said the provider had worked with them to promote effective communication with their family member, who had specific communication needs due to a disability. They said, "They treat [family member] as an individual. Things I have asked of them are considered and taken into account."

Staff had actively promoted dignity and respect. They described in detail how they adapted their care practice depending on people's individual needs. This included always talking to people throughout, explaining what they were doing and encouraging people to do as much as they can to promote independence. We observed during visits to people's homes that staff were always respectful towards people and had an excellent manner and rapport with people.

This was confirmed when people spoke enthusiastically about how staff promoted their dignity and respect to the highest standards. One person commented, "They treat me with politeness and courtesy, like a friend." Another person said, "They are all really nice people, they always treat me with respect." A relative

said, "They are brilliant, so much better [than previous care providers they had used]. The carers are more mature so they know how to deal with people [in a dignified way]."

The provider had a 'carer of the month' scheme which recognised and rewarded staff for demonstrating the provider's values. People, relatives and staff could nominate individual staff members who made a positive impact on them. For instance, one staff member had been nominated for "fantastic team work and bringing a smile and laughter" to people they cared for. A staff member had been nominated for the provider's national award. They were named as the regional winner for the North and a runner up for carer of the year nationally. The staff member was praised for being "exceptional and selfless", "constantly going above and beyond" and for their "dedication and passion" to care.

People were provided with information about how to access independent advocacy services. This was included in the 'customer guide' which could be made available in a range of formats depending on people's individual needs.

Although staff primarily provided care in people's own homes, they understood the impact of isolation on people's wellbeing. Staff encouraged people and relatives to meet up to develop or maintain relationships. People were supported to attend a 'memory walk' to raise awareness and money for a dementia charity. People said they had enjoyed the event and greatly benefitted from attending. Relatives said people's wellbeing was enhanced from having fresh air and meeting others. One person said, "I love [care worker]. We went to the memory walk and raised money [for charity]. I have also been to the coffee morning. I am grateful for getting that extra bit of help."

Other events were also held regularly such as a coffee morning and a Christmas Party. Everybody had the opportunity to attend events. So that some people did not miss out due to ill health or through choice, staff delivered cakes and goodies to people's homes.

## Is the service responsive?

### Our findings

When we last inspected Bluebird Care Gateshead we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

People and relatives told us staff responded to their needs without delay. One person said, "They do anything I ask. It is done at the time." Another person told us, "If I ring up with a query they give me a solution and sort out what is wrong." A third person commented, "They are flexible enough to take account of any changes." One relative told us, "The things I have asked of them are considered and taken into account. I am very pleased indeed with the service provided."

The provider utilised technology across a range of areas, such as monitoring care deliver, rostering calls, health monitoring, and quality assurance. These systems were used to respond quickly to people's needs. For example, for one person staff provided targeted support to help reduce the number of hospital admissions and falls in the home they were experiencing. They included the person on an eight-week pilot programme to offer a health and wellbeing check. This included staff monitoring and recording vital signs such as their pulse, blood pressure, temperature and regular general wellbeing checks. Staff had also supported the person to mobilise each morning and spend time of bed doing jigsaw puzzles. Due to this input the person had not experienced any falls or hospital admissions since.

People had detailed and personalised care plans which described how they wanted to be supported. These included step-by-step guidance for staff about how people wanted to be cared for at each visit. People had signed care plans to confirm they had been involved and to give consent to the content of the plan. Care plans described what was important for each person such as family relationships and preferred routines and activities. For example, one person wanted care staff to knock and wait for an answer before entering their home. Management checked care plans to ensure they were written in a personalised way which promoted dignity and respect.

Without exception, the people and relatives gave us only extremely positive feedback about the support they received. They also said they knew how to raise a concern if needed. People commented, "I would just contact the office [if I had concerns]", "I have no complaints, none whatsoever" and "They are smashing, I can't fault them. I have no complaints." One relative told us, "I could speak to them about issues."

The provider had an agreed approach to handling complaints received about the service. Since our last inspection there had been no formal complaints made. The provider kept a record of minor concerns or niggles people had and the action taken. For example, one person had contacted the office due to them experiencing a missed call. Records showed the person had been consulted about what their preferred option was and the agreed action taken.

## Is the service well-led?

### Our findings

When we last inspected Bluebird Care Gateshead we concluded the service was well-led and rated it Good. Following this inspection, we found the service was still well-led and our rating remains Good.

A new manager had recently been employed and had commenced the registration process with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff gave us extremely positive feedback about how supportive, approachable and proactive the management team were. One person said, "[Director] is very pleasant." One relative told us, "[Director] is very easy to talk to. Very pleasant and very understanding." One staff member commented, "[Director] is superb, I am supported all the way. They are there to back you up. You know you are going to get a quick response." Another staff member told us, "All the girls have respect for [new manager]."

Relatives praised the service for how effective they were in responding to people's changing needs. One relative told us about a time they needed to change their family members care calls at very short notice. They said, "They are very flexible. They were willing to swap visit times to fit in with what we needed."

There were regular opportunities for people, relatives and staff to share their views about the care provided and the service more generally. People were asked to give feedback about the care they received.

Staff meetings took place regularly and were very well attended. Staff commented, "We have staff meetings and you can air your views" and "We have a meeting every month. We are kept up to date with everything." Detailed minutes were kept as a record of the discussions. These covered areas of care practice, people's views and shared learning. During a recent meeting staff had discussed ensuring care plans reflected people's wishes and were person-centred. The provider's rostering system was available to send out messages to all staff to keep them up to date with changes.

The provider continued to operate an effective quality assurance system. A comprehensive audit had been completed which showed a high level of compliance with the areas included. This covered the office premises, business risk, medicines, recruitment, safeguarding, staffing and the quality of care. An audit action plan had been developed which was reviewed regularly. Actions included an on-going review of care plans, jointly with people and relatives. This was to be completed by the end of November 2018. The action plan showed this was progressing within the agreed timescales. One person commented, "The new manager visited. Everything is working very well." One relative told us, "The new manager went through everything with us."

Senior staff carried out spot checks to help ensure people received the care they expected. This looked at areas such as whether the care worker was on time, how well care tasks were carried out and whether staff

followed care plans.