

M& D Careplus Limited

# Bluebird Care (Tamworth and Lichfield)

## Inspection report

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Tel: 01543418432

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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 (Tamworth and Lichfield) is a domiciliary care agency providing personal care to people living in their own homes. It is a part of a network of franchises which are operated independently by the franchise holders. At the time of the inspection, 34 people were supported by the service, which covered the geographical area of Staffordshire and North Warwickshire. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive this regulated service, we also consider any wider social care provided.

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

People received safe care. Risks were assessed, and staff knew people they supported very well. The registered manager assured us additional detail would be added to risk management plans, so staff could refer to these for information if needed. People received their medicines as prescribed. Staff were trained and understood the importance of infection prevention and control.

People told us they had not experienced any missed calls. The provider's call monitoring system identified if staff were running a few minutes late and office staff then notified people of this.

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. Staff understood the need to gain people's consent before supporting them with personal care.

People and relatives described staff as kind and caring. People had consistency in the staff who undertook their care calls and this helped promote an understanding of how people liked their support delivered.

People' care plans were personalised to reflect their personal preferences and choices. Staff used information to engage with people to discuss topics or hobbies of interest to them.

People and their relatives were involved in planning their care and reviews of support took place. They were given opportunities to give feedback and the provider used this to identify where areas of improvement were needed.

The provider had systems and processes in place to check on the safety and quality of the services.

### Why we inspected

This was a planned inspection based upon our inspection methodology. The service was registered with us on 10 September 2018 and this was the provider's first inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

inspection programme. If we receive any concerning information is received, we may inspect sooner.

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

## 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 (Tamworth and Lichfield)

## **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 within the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection Team

The inspection was carried out by one inspector and an Expert by Experience, who undertook telephone conversations with people to gain their feedback on the quality of the services. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Our inspection activity started on 19 August 2019 and ended on 20 August 2019. We spoke with 13 people who use the service and six relatives about their experiences of the care provided. We spoke with five members of care staff, one senior care worker, the care manager, the registered manager and director. We reviewed a range of records. This included a full review of six people's care plans, multiple electronic medication records and care logs. We also looked at records relating to the management of the service. These included systems for managing complaints, call monitoring systems and the provider's audits and staff training records.

# Is the service safe?

## Our findings

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

We gave a rating of Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when supported by staff. One person told us, "I always feel safe when the carers are here, they call out 'hello' to me when they enter my house, so they don't make me jump." One staff member told us, "Whenever I leave a person's home, I make sure it is fully secure, windows shut and doors locked, so the person is safe."
- Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and when concerns should be raised with the registered manager and the provider. One staff member told us, "I'd report any concerns straight away. I know the manager would investigate straight away. If I still had concerns, I phone you at CQC."
- The registered manager and provider understood their regulatory responsibilities and had acted on safeguarding concerns.

Assessing risk, safety monitoring and management.

- Risks were assessed, and staff knew people they supported very well and how to reduce risks of harm or injury.
- Staff understood the importance of taking action to protect people from risks of harm. For example, one staff told us they had found multiple items of out of date food in one person's home. They said, "I contacted the office straight away for advice as there was a great deal of food out of date by a long time." Following a conversation with relatives, the person's out of date food was safely disposed of.
- Some risk management plans were detailed. For example, where one person used a hoist for transfers, there were photos of which hoist strap loops to use and clear instructions for staff to refer to when needed.
- However, some risk management plans lacked detail. For example, some people had an identified risk of developing sore skin and their care plan told staff to 'check skin' but gave no more information. We discussed the level of detail in risk management plans with the care manager and registered manager, who took immediate action to add more detail which staff could refer to if needed. The registered manager told us, "We will review everyone's care plan and ensure they all have sufficient levels of detail, this will be fully completed by the end of August 2019."
- Environmental health and safety checks were undertaken in people's homes. The registered manager made referrals to the local fire service, on behalf of people, when needed so they could be supported with professional fire safety guidance or having smoke detectors fitted when needed.

Staffing and recruitment

- There were sufficient staff employed to keep people safe and undertake the contracted care calls to people. People told us staff's timekeeping was 'good' and, "If the staff are funning a tiny bit late, the office staff usually phone to let me know."

- There had been no missed care calls because the provider had a call monitoring system which created an alert if a call was late. This meant immediate action was taken by the either office staff or out of hours on-call staff to check on the staff member's whereabouts and to ensure the care call took place.
- People and relatives spoken with made positive comments about their 'staff teams'. One person told us, "I have regular staff, so it's the same faces I see. I get to know them, and they get to know me."
- The provider's system for recruiting staff ensured staff's suitability to work there. We reviewed two files for recently recruited staff, and found police checks and references from previous employment had been obtained. The care manager told us they sometimes faced challenges in getting references and assured us they would log chases made and seek alternative reference details from staff whenever this occurred.

#### Using medicines safely

- People received varying levels of support with taking their prescribed medicines, this included prompting or assisting people with taking these. One person told us, "The staff sort out my tablets for me and let me know what I have to take."
- Where people had medicine through skin patches, staff understood the importance of changing the skin site used to allow a 'rest time'. However, staff did not have clear guidance on how skin sites should be rotated to allow sufficient 'rest time'. Immediate action was taken during our visit to provide clear instructions for staff to follow.
- Some people had prescribed topical preparations such as creams. Body maps informed staff where on the skin creams should be applied.
- Staff received training to safely administer people's medicines. The care manager and the registered manager checked electronic medicine administration records (MARs) to ensure these had been accurately completed by staff. Of those MARs reviewed, we found they had been recorded correctly by staff.

#### Preventing and controlling infection

- Staff were trained in infection prevention and control. Staff told us they used personal protective equipment such as plastic aprons and gloves when supporting people with personal care.
- Staff understood the importance of good cleanliness and infection prevention when handling and emptying people's catheter bags to reduce risks of cross infection.

#### Learning lessons when things go wrong

- There was evidence the management team reflected on how things could be improved and took appropriate, corrective action when needed. For example, when it had been identified some trained staff were finding moving and positioning one person difficult, the registered manager had contacted an occupational therapist for guidance. From this, photographs had been taken with the person's consent, to show staff how to move and position the person in line with their individual needs.

## 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.

We gave a rating of Good. This meant people 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 had an initial assessment of their needs before care calls were carried out. This identified all tasks to be completed by staff at each visit to achieve good outcomes for people. Where applicable an assessment from commissioners was used by the registered manager to inform this process.
- People and, or their relatives were involved in the process of the initial assessment and information was used to write an individual plan of care and support. During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to complete their role. People and relatives' comments to us included, "The staff know what to do, they are good," and, "Staff don't have to keep asking us what to do, they just get on with it."
- Some staff felt more in-depth training would help them develop their skills further in areas such as deprivation of liberty, diabetes, dementia awareness and skin care. Staff added they felt they could ask for this from the registered manager, but as we had asked them, they had taken the opportunity to tell us on our inspection visit. The registered manager took immediate action to schedule training dates on these topics for staff. Staff were offered opportunities to gain nationally recognised qualifications in health and social care.
- Staff were supported through team and one to one meetings. One staff member told us, "Communication is really good here. We always get updated through texts." Another staff member added, "We never have to wait for office staff to come back to us, any issues are acted on immediately and answers given."

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

- Some people had an identified care need to be supported with meal preparation or to be assisted by staff to eat and drink. Where this was an identified task, people's care plans contained information about their nutritional needs and any likes or dislikes. For example, one person's care plan stated they had been assessed by a speech and language therapist and required fork-mashable foods, which staff were aware of.
- People told us staff gave them choices. One person said, "Staff get my breakfast ready for me, they ask what I'd like to drink and which cereal I would like."

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. 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.

- Staff followed the principles of the MCA. Staff sought consent, for example, when asking a person if they would like to be supported with personal care.
- The registered manager understood their responsibilities under the Act. For example, they had assessed people's mental capacity as part of their initial assessment before services were provided. Where relatives had lasting power of attorney, this had been recorded and a copy was held by the provider.

# 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.

We gave a rating of Good. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt very well cared for. People made positive comments, which included, "The staff are kind and caring and know how to support me", and, "Staff treat me with respect and dignity, I'm not an older person and this is reflected in how staff talk with me and support me." One relative told us, "My relative is treated very well by the staff, who have an understanding of their needs and how to care for them in a kind way."
- Some people had preferences about the gender of their care staff and these were met. One person told us, "I prefer the girls (female staff) to visit me and support me with personal care, I prefer it like that."
- Staff demonstrated a caring approach. One staff member told us, "I want to treat everyone with kindness all the time. It's part of the job role to actually show care to the people we support, not just do the tasks needed. That's important."

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

- People told us staff knew how they liked their care and support to be delivered and felt involved in making choices and decisions about their care. One relative told us, "The manager often phones to make sure the care is going well."
- People's plans of care reflected their or relatives' involvement and they had been signed in agreement.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful. One staff member told us, "One of my clients lives with their partner and I always try to give them privacy, but support when needed."
- Staff understood the importance of respecting people and ensuring their privacy and dignity was maintained. One person told us, "The staff are good, they make sure my doors are closed and blinds are down." A staff member told us, "I always make sure I have towels ready to cover a person's body when I have supported them to wash or have a shower."
- Staff knew how to promote independence. One person told us, "I don't want staff doing everything for me. They know what I can do and help with me with the rest." One person's care record directed staff to, 'apply toothpaste to the person's toothbrush and hand to the person' who could then brush their own teeth.
- Staff understood the importance of keeping people's personal information confidential. The provider ensured the 'app' installed on staff's mobile phones was password protected and staff understood they must not share any information on their work 'app'.

# Is the service responsive?

## Our findings

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

We gave a rating of 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 and relatives told us staff responded to their needs. One person said, "The staff are very good, they understand my mental health support needs and have my permission to contact and liaise with my community psychiatric nurse when needed." One relative told us, "Staff understand the importance of liaising with me as my relative is living with dementia but they are not really aware of this. Staff are sensitive and know not to tell my relation about their dementia, as it would cause them anxiety."
- People's care plans were developed from their initial assessment and described the tasks staff were required to undertake on their care call.

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 their carers.

- Staff knew how to communicate effectively with the people they supported. People's care plans contained limited information about their communication abilities, and we discussed this with the registered manager. They took immediate action to add more detail where people had specific communication needs so staff had the information to refer to when needed.
- The provider and registered manager recognised more work was required to fully implement the AIS. For example, their complaints policy was currently only available in a written format. The registered manager told us they would make a pictorial format of the complaints policy, so this would be readily available should it be required by people who used the service. This would enable people living with certain disabilities to access information in an accessible format.

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

- Care plans reviewed contained a section called 'Important Information about Me' which gave people the opportunity to share information with staff, which included previous employment details, interests and hobbies. This enabled staff get to know people and have topics to talk about.
- Staff knew people well and were able to tell us about interests they could chat about. One staff member told us, "I support someone who enjoys playing the keyboard and also does weaving, so we chat about those things that interest them."

Improving care quality in response to complaints or concerns

- The provider made their complaints policy available to people and their relatives, who confirmed they had

the information they needed should they have cause to complain. When complaints were received these were recorded and investigated by the registered manager.

- People and relatives spoken with told us they had no complaints. They added they would telephone the office and speak with the registered manager if needed.

#### End of life care and support

- The service did not offer nursing care in people's homes. However, the registered manager and provider aimed to support people's wishes to remain in their own home for end of life care, with external healthcare professional support. For example, district nurses and Macmillan nurses who visited people to undertake nursing support in the community.

- Where people had agreed forms, which included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Staff understood what these meant and in what situations they would be applicable.

# 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.

We gave a rating of Good. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person-centred care.

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

- People, relatives and care staff complimented how the service was run. One person told us, "Staff go the extra mile, they are not rushed, it's a good service." One staff member told us, "This is the best care provider I've worked for, they put the people first. I am proud to work for this organisation because they do care."

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

- The service was led by an experienced registered manager, who shared the director role with her husband. Together they had purchased the franchise company and were supported by Bluebird Care's head office. Twice a year a Bluebird Care compliance manager visited to undertake checks on the safety and quality of the services.
- There was a clear staffing structure, with a care manager and senior care workers who supported care staff.
- Care staff told us they were 'very supported'. One said, "The manager always listens and is very supportive to us as staff."
- The provider had systems and processes in place to audit the quality of the services delivered. The registered manager completed an analysis of accidents and incidents and actions were taken to reduce risks of reoccurrence.
- Audits and checks were undertaken on electronic care records. For example, care staff entered details of tasks undertaken whilst on care calls and these entries were checked by the care manager. Where improvement was needed to staff's recorded information, this was noted in a 'tab' section to show what action had been taken to make improvements.
- The registered manager and provider understood their CQC inspection rating should be displayed at the office and on their website, to inform people seeking information about the service of our judgments.

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

- The registered manager undertook telephone meetings with people and their relatives to review their care and support needs. One person told us, "The manager phones me to check everything is okay and that I am happy with the staff and what they do."
- People and their relatives were given opportunities to complete feedback surveys which were sent every six months. We reviewed surveys from November 2018 and found positive feedback had been received. A further survey had recently been sent to people and the registered manager explained these would be

analysed once received back and an action plan put into place to implement any improvements needed.

#### Continuous learning and improving care

- There was commitment from the provider and registered manager to make improvements to the service, with an emphasis on continuous development. The registered manager told us, "Our vision is to give a quality service and to grow slowly. We are always willing to take advice and learn and implement improvements if needed."

#### Working in partnership with others

- The registered manager worked in partnership with others. For example, they attended the Staffordshire provider forum where good practices were shared.
- The registered manager told us they received the CQC provider alerts, which they read and ensured their service information was updated in line with any changes required.