

Care and Wellbeing Group Limited

# Bluebird Care (Southend & Rochford)

## Inspection report

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25 February 2019  
27 February 2019  
28 February 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 Southend and Rochford provide personal care to people living in their own houses, flats and specialist housing. This is a domiciliary care service and primarily provides a service to older people, older people living with dementia or who may have a physical disability. The domiciliary care service office is close to major bus and train routes.

### People's experience of using this service:

- ☐ People told us they were treated with care, kindness, respect and dignity. People and their relatives were consistently encouraging about staffs caring attitude and confirmed there were positive interactions with staff.
- ☐ People told us they were safe. The service had effective safeguarding arrangements in place to protect people from harm and abuse.
- ☐ People's care and support needs were clearly documented and staff had a good understanding and knowledge of these and the care to be delivered. Suitable arrangements were in place to manage risk and to ensure people received their medication as they should.
- ☐ Suitable numbers of staff were available to meet people's needs and recruitment arrangements were robust.
- ☐ Staff received appropriate training and newly employed staff completed a robust induction. Staff felt valued and supported by the registered provider and manager and received supervision.
- ☐ The service ensured they worked collaboratively with others and people were supported to access healthcare services when needed.
- ☐ People's rights were upheld and they were supported by staff in the least restrictive way possible.
- ☐ People told us the service was well-led and managed. Quality assurance arrangements enabled the management team to monitor the quality of the service provided and staff performance.

### Rating at last inspection:

Following the last inspection, the rating of the service was 'Good' (Last report published 22 September 2016).

### Why we inspected:

This was a planned inspection based on the service's previous rating.

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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Bluebird Care (Southend & Rochford)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own homes, flats or specialist housing.

The service did not have a manager registered with the Care Quality Commission. This means the provider is 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 48 hours' notice of the inspection visit because we needed to be sure that the registered provider would be in.

Inspection site visit activity started on 27 February 2019 and ended on 8 March 2019. We visited the office location on 27 February 2019 to see the registered provider, manager and office staff; and to review care records and policies and procedures. We spoke with staff on 8 March 2019.

#### What we did:

We reviewed the information about the service in the form of statutory notifications received from the

service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, the registered provider and the manager. We reviewed three people's care files and two staff recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas, and complaint and compliment records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe and had no concerns about their safety when staff visited them. One person told us, "Yes, I feel quite safe. I have them [staff] to do my eye drops and feel safe and confident knowing they [staff] are doing this safely for me."
- The incidence of safeguarding concerns was low with a consistent and robust approach to managing safeguarding concerns in place.
- The registered provider and manager were aware of their role and responsibilities to safeguard people from harm and abuse. Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse and staff had achieved up-to-date safeguarding training.

Assessing risk, safety monitoring and management; using medicines safely

- Risks to people were assessed and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication.
- The service had a positive attitude to 'risk-taking' and this enabled people where appropriate to maintain their independence. This referred specifically for people who wished to continue to administer their own medication even though they received support from the domiciliary care service.
- Medication practices ensured people received their medication as they should. One person told us, "My tablets are in a blister pack and the [staff] get them out for me and give me them with a drink of water."

Staffing and recruitment

- Suitable arrangements were in place to ensure that the right staff were employed at the service.
- People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan.
- People told us staff arrived on time and stayed for the allocated time as detailed and agreed within their support plan. Comments from people using the service included, "They [staff] are on time and will phone me if held up for any reason. They [staff] always stay the full time and never miss coming" and, "Staff arrive pretty much on time but do get held up sometimes in traffic. They don't always call if they are late, but they always arrive and stay to ensure they are there for the full length of time."
- People confirmed their specific choice of male or female staff to provide support was respected. One person told us, "I only have ladies as I don't want gentlemen [staff]. They [organisation] asked me and have kept to it."
- Suitable arrangements were in place to make sure the right staff were recruited. However, minor improvements were required to ensure the interview process was robust and interview notes sufficiently detailed.

#### Preventing and controlling infection

- People told us staff wore aprons and gloves when providing care and staff confirmed they had sufficient supplies of Personal Protective Equipment [PPE].

#### Learning lessons when things go wrong

- The registered provider was open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, following one missed visit, supervision was completed with the member of staff and an apology was provided to the person using the service. All staff were 'signposted' to the registered provider's 'missed' visit policy and procedure.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their needs assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills, and experience

- Staff told us the registered provider had a positive attitude towards training and were provided with sufficient training to enable them to carry out their roles and responsibilities.
- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an introduction to the organisation. Staff was given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained. One member of staff told us, "My induction was really informative, the induction was completed over three days and I shadowed other staff for one week."
- People told us they were introduced to a new member of staff prior to any support provided. One person stated, "Yes, I do get introduced to any new members of staff."
- Supervisions were completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter is where the provider's representative calls at a person's home just before, during or after, a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- People told us staff supported them as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met. One person told us, "They [staff] get me toast and a drink for breakfast and prepare me a sandwich and crackers for later. My relative does the cooking but they do the light meals to tie me over." Another person told us, "I tell them [staff] what I feel like having on the day and they do it for me."

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

- People had access to health professionals as required. If staff was concerned about a person's health and wellbeing they would relay these concerns to the care co-ordinator or the registered manager for escalation and action.



Adapting service, design, decoration to meet people's needs

- The domiciliary care service office is suitable for people who are both ambulant and who may have a physical disability.

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.

Ensuring consent to care and treatment in line with law and guidance

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- People told us the staff always sought their consent prior to providing support. One person told us, "Staff always ask permission before providing any support, they [staff] won't do anything without asking me 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

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 were complimentary about the care and support provided. People told us they were treated with the utmost care and kindness, and received the care and support they should and agreed as part of their care package. People's comments included, "I am very happy with the service so far, they [staff] take care of me well" and, "I am extremely happy and the service is excellent."
- People told us they received a good level of care and support that met their needs. One person told us, "The carers are all very good, I can't fault any of them, even the new younger girls. They are all very caring and polite but perhaps the older ones are more on my wave length if you know what I mean." One relative told us, "The staff are very kind and considerate and will do whatever is asked of them."
- People advised they had a good rapport and relationship with the staff who supported them.

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

- People and their relatives confirmed they had been involved in decisions about their care and support and this had been used to develop their support plan.
- People and their relatives had been given the opportunity to provide feedback about the service through the undertaking of reviews and satisfaction surveys. Comments included, "We have completed a review form and returned it" and, "Yes, we provided feedback and sent it back."

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were supported by staff to be as independent as possible and were actively encouraged to do as much as they could for themselves according to their individual abilities and strengths.
- People told us they were always treated with respect and dignity. One person told us, "No issues with this whatsoever. They [staff] close the door, draw the curtains and keep me covered up."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received good personalised care that was responsive to their needs. Information showed where there had been requests to change visit times, efforts were made by the service to be as flexible as possible to meet people's revised needs and preferences.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf.
- Staff employed at the service were knowledgeable and had a good understanding of the care needs of the people they supported. Staff confirmed they had sight of a person's support plan prior to providing care and support.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people when they first started using the service.
- People spoke with confirmed they knew who to approach if they had any concerns or complaints and were confident these would be taken seriously and used as an opportunity to improve the quality of the service provided. However, nobody spoken with had made a complaint.
- Where concerns had been raised, action had been taken to resolve these in a timely manner. Complaints were investigated but minor improvements required to record outcomes.
- A record of compliments was maintained to record the service's achievements. Comments included, 'I would like to thank [name of manager] for sorting out my relative's call times and roster, absolutely fantastic' and, '[Name of person using the service] would describe the service as absolutely excellent, no improvements needed. We feel very confident in the hands of the carers, they go above and beyond in their line of duty and they are so kind. The office has sorted so much for us, I couldn't possibly ask for anything more.'

End of life care and support

- Where people required end of life care support, the domiciliary care service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A new manager was appointed in February 2019 following the previous registered manager's resignation. However, at the time of the inspection, the manager had not yet submitted their application to be registered with the Care Quality Commission.
- The registered provider and manager understood the importance of their role and responsibilities.
- Staff were complimentary regarding the manager and their management style. Comments included, "I would go to the manager if I had a concern or problem" and, "The manager is great, I would definitely approach the manager if I had a problem and am confident any issue would be dealt with."
- Staff were positive about working at the domiciliary care service. One member of staff told us, "I love coming to work, making a difference to people is the best thing about working here." Another staff member told us, "I thoroughly enjoy my role."
- People said they knew the manager and they provided visible leadership. People consistently described the manager as supportive and approachable. Comments included, "It [Bluebird Care Southend and Rochford] appears very well run," "In comparison to the previous [domiciliary care service] one we had, it is much better organised" and, "[Manager] called the other day for feedback and to see how things were going, a very nice person."
- People confirmed they would recommend the service to others. Comments included, "I would recommend them [domiciliary care service] as they are a nice service" and, "I have recommended this service, it is excellent."
- The quality assurance arrangements monitored the experience of people being supported and managed risks to the quality of the service. This information was used to drive improvement and monitor performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Effective arrangements were in place for gathering people's views of the service they received, those of people acting on their behalf and staff employed at the service. Most comments recorded were very positive and repeated those already recorded within this report.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff confirmed there was an 'open' culture and could say how they feel.
- People confirmed the organisation completed 'spot checks' on their staff to ensure they were following

their policies and procedures and providing appropriate care and support.

#### Working in partnership with others

- Information showed the domiciliary care service worked closely with others, for example, the Local Authority and healthcare professionals and services.
- The manager confirmed they had made contact with the local Southend Dementia Alliance. This is a partnership of organisations and community groups, working together to transform the quality of life for people living with dementia and their staff.
- The manager advised the domiciliary care service was scheduled to support one person to attend an adult education class once weekly.
- The domiciliary care service won the Essex Care Sector 'Empowering Workforce Award' in December 2018.