

Clarewood Care Ltd

# Bluebird Care (Rushmoor & Surrey Heath)

## Inspection report

Lion House  
147 Oriental Road  
Woking  
Surrey  
GU22 8AP

Date of inspection visit:  
06 May 2021

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09 July 2021

### 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?        | Requires Improvement ● |

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Rushmoor & Surrey Heath) is a domiciliary care agency providing care and support to people in their own homes. The agency was supporting 37 older people at the time of our inspection, some of whom were living with dementia. Three people were receiving live-in care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Recent changes in the agency's management team had caused disruption to the service some people received. People told us they were happy with the care they received but some people said visit times had become unpredictable and communication with the office unreliable. Some relatives also highlighted poor communication as a concern. They gave us examples of how this had negatively affected their family members' care. The recent changes had also affected care staff, some of whom told us they had not been well-supported in their roles. They said issues or concerns they raised were not always resolved.

The registered manager had begun to implement improvements, including communication with people and relatives and the introduction of quality checks. However these initiatives had not brought about sufficient improvement at the time of our inspection to ensure people received a consistent, well-planned service.

People told us they felt safe when staff provided their care. They said they were happy with the care workers who visited them and had established good relationships with them. Relatives told us staff treated their family members with dignity and respect.

Staff were recruited safely and understood their roles in protecting people from abuse. Any risks involved in people's care were assessed and mitigated. Staff had an induction when they joined the agency and access to relevant training.

People's medicines were managed safely. Staff monitored people's health and well-being and reported any changes they observed. The agency had established effective working relationships with other professionals involved in people's care.

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 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

We carried out a targeted inspection on 19 November 2020 (published 14 January 2021) in response to concerns raised with us. We did not rate the service at the targeted inspection and found no evidence to substantiate the concerns.

This service was registered with us on 17 July 2019 and this is the first inspection at which a rating has been awarded.

This service was previously registered under a different provider at a different address. The last rating for the service under the previous provider was Good, published on 22 April 2017.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

See 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.

See our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

See our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

See our Well-led findings below.

# Bluebird Care (Rushmoor & Surrey Heath)

## **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

One inspector carried out the visit to the agency's office. Four inspectors made telephone calls to people, relatives and staff.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to support the inspection.

#### Before the inspection

We reviewed the information we had received about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 6 May 2021 and ended on 14 May 2021. We visited the office location on 6 May 2021 to speak with the registered manager and to review records.

We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files and records of quality monitoring checks and audits.

We spoke with five people who used the service and six relatives by telephone to hear their views about the agency. We received feedback from five staff about the training and support they received to carry out their roles.

After the inspection

The registered manager sent us further information, including staff training records. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection at which we have awarded a rating for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff provided their care. They said staff followed the guidance in their care plans to ensure they provided safe care.
- Risk assessments had been carried out to identify and manage any potential hazards involved in people's care. This included risks associated with falls, swallowing, nutrition and the environment in which care would be provided. Where risks had been identified, guidance for staff about how to provide care safely was recorded in people's care plans.
- Systems were in place to ensure lessons were learned from adverse events. Accidents and incidents were recorded and reviewed to identify any measures that could be implemented to prevent further incidents.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns they had about people's safety or wellbeing. If concerns had been raised, these had been acted upon by the management team. For example, the management team had raised concerns about one person who was at risk of not receiving appropriate care as their relative had refused entry to care staff and healthcare professionals.
- The agency had worked with other agencies and people's families to keep people safe if they were at risk of harm. For example, one person living with dementia had left their home and got into an unknown vehicle. The agency highlighted the risk to the local authority and scheduled an additional visit for the person to check they were safely at home each evening.

Using medicines safely

- People who received support with their medicines said staff managed this safely. One person told us, "They do my pills and potions and they get that right." Relatives confirmed that staff helped their family members take their medicines as prescribed. One relative told us, "The live-in carer assists with that and is very good." Another relative said, "They do help with [family member's] medicines and I am not aware of any problems. I can log onto the daily notes to check anything I need."
- Staff received relevant training and their competency was assessed before they supported people with their medicines. Staff practice in this area was also observed at periodic spot checks carried out by the management team.
- Staff recorded the medication they administered using an app on their phones and maintained a medicines administration record in people's homes. These were audited periodically by the registered manager to ensure people were receiving their medicines safely.

Staffing and recruitment

- The provider employed enough staff to meet the agency's care commitments. The agency had a business

continuity plan which had been reviewed in the light of COVID-19. This included contingency plans to ensure people's care was not disrupted by staff absence.

- The provider operated safe recruitment procedures. The provider obtained provide proof of identity, proof of address, references and a Disclosure and Barring Service (DBS) certificate for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Preventing and controlling infection

- Staff maintained appropriate standards of infection prevention and control (IPC). People told us staff wore personal protective equipment (PPE) during their visits and maintained social distancing wherever possible. One person said, "They are careful with their masks and they sit in the armchair on the other side of the room when talking to me to keep their distance." This was confirmed by relatives, one of whom told us, "They wear masks, gloves and aprons. They keep them on all the time."



# 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

This is the first inspection at which we have awarded a rating for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff had the skills they needed to provide their care. One person said, "I think the staff must be mentored because they are all doing a good job. I feel like I can rely on them at all times."
- Relatives confirmed staff were competent to carry out their roles. One relative told us, "I feel confident they know what they are doing. They know what is needed for [family member]." Another relative said, "They are all trained. [Family member] always speak highly of them and their abilities."
- Staff had an induction when they joined the agency which included mandatory training and 'shadowing' colleagues. Shadow shifts enabled new staff to observe more experienced colleagues to understand how people's care should be provided. The agency had appointed three care staff as 'shadowing champions' whose role was to support new staff during their induction period.
- In addition to mandatory training, staff had access to training relevant to people's needs, including learning disabilities, dementia and catheter care. Staff were expected to complete the Care Certificate and most staff had achieved this. The Care Certificate is a nationally agreed set of standards that define the knowledge, skills and behaviours expected of health and social care staff.
- Staff had access to one-to-one supervision, which provided opportunities to discuss their performance and training needs. The registered manager told us new staff had a 12-week probationary period during which they had weekly meetings with their supervisors.

Assessing people's needs and choices; Delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before they used the agency to ensure staff had the skills required to provide their care. Assessments addressed areas including moving and handling, medicines, continence, skin integrity and personal care. People and their relatives confirmed they had been involved in their assessments and had opportunities to express their preferences about their care.
- People's needs in relation to nutrition and hydration had been assessed and recorded in their care plans. No-one using the agency at the time of our inspection had specific dietary needs or needs that required staff to maintain food or fluid charts. One person needed their drinks to be thickened due to a risk of choking. A speech and language therapist had assessed the person's needs and provided guidance for staff about the appropriate consistency of fluids.
- People who received support with their meals were happy with this aspect of their care. They told us staff knew their preferences about the food they ate and respected their choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's healthcare needs were recorded during their initial assessment and care plans developed where needed. Relatives told us staff were observant of any changes in their family member's health or wellbeing and responded appropriately. They said the agency ensured people's families were informed about any changes. One relative told us, "They are quick to call if they think [family member] is not herself."
- The agency's management team contacted healthcare professionals if people's needs changed or they needed care that the agency's staff were not able to provide. For example, the management team had contacted GPs, community nurses and occupational therapists to arrange assessments of people's needs. We saw evidence of positive outcomes for people as a result of these referrals, such as improved wound dressing regimes and equipment that improved people's ability to mobilise safely.

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. We checked whether the service was working within the principles of the MCA.

- People's care was provided in line with the MCA. We saw evidence that people had signed their agreement to their care plans. People and relatives told us staff asked for consent on a day-to-day basis before providing people's care. One relative said, "They speak to both me and [family member] to make sure we are happy with what they are doing." Another relative told us, "Certainly when I have been there the live-in carer has done that."

# 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

This is the first inspection at which we have awarded a rating for this newly registered service. This key question has been rated 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; equality and diversity

- People told us the care workers who visited them were kind and caring. One person said, "I think the carers are lovely and the care is good." Relatives told us the care workers who visited their family members knew their needs well. One relative said, "The live-in carer is excellent and knows [family member] very well." Another relative said of staff, "We are very pleased with them. We are happy and [family member] is happy."
- Relatives told us their family members had established good relationships with their care workers and enjoyed their company. One relative said of staff, "They are all lovely. They are very friendly and chatty, like [family member]. That is important to her." Another relative told us, "The carers are great. I am very pleased with the standard of care. They are very kind to [family member]. She enjoys them coming."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in planning their care and support. For example, one person who suffered from memory loss enjoyed visiting garden centres and going for walks with their care workers. The person had been encouraged to tell staff which garden centres and walks they most enjoyed so these could be recorded on their support plan.
- People said staff supported them to manage aspects of their own care where possible and respected their decisions about their support. Relatives told us their views about their family members' care were listened to. One relative said of the agency, "They do listen to me. We talk about what is suitable for [family member]. They are very good and I feel very comfortable with the girls visiting."
- People and their relatives told us staff supported people to remain independent as much as possible. One person told us the support provided by the agency enabled them to remain living independently at home, which was important to them. The person said, "They help me live my life as I choose without having to go into a home. It's an ideal arrangement for me. They have been a life-saver."
- Relatives told us staff were respectful and provided care in a way which maintained their family members' dignity. One relative said, "They are very kind to [family member]. They have always been patient and respectful." Another relative told us, "All the staff respect us and our house. They are aware of what [family member] and I like and anyone who comes knows us by our Christian names."
- People told us they never felt rushed when staff provided their care. Relatives said staff took the time to explain information to their family members and to reassure them if necessary. One relative told us, "They always seem to speak to [family member] in a caring way. They are very patient with him and take time to explain the things he might not quite understand first time." Another relative said, "The carers go in three times a day and [family member] is fine with them. They reassure him, which is important."

# Is the service responsive?

## Our findings

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

This is the first inspection at which we have awarded a rating for this newly registered service. This key question has been rated Good. This meant 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's needs and preferences about their support were recorded in their care plans. Care plans were accessible to staff via an app on their phones. This meant staff had guidance about how to provide support in the way people preferred.
- In addition to detailing the support people required, care plans recorded any issues staff needed be aware of in relation to people's individual needs. For example, one person's care plan recorded, 'Loud noises are a trigger of agitation for me, like running the hot tap suddenly and on full power or having the television turned up loudly.'
- People said their care workers were responsive to their needs. They told us staff knew their needs and preferences and were willing to support them with additional tasks if necessary. One person said of staff, "They will do anything I ask of them."
- One person told us the agency had responded quickly to meet their needs following a discharge from hospital. The person said, "I wasn't at all confident I would be able to climb the stairs. I asked social services if they could help me but no. Then I thought, I know who I could call, and I gave them a ring. There was someone waiting for me when I got home."
- Relatives said staff understood their family members' needs and provided responsive care and support. One relative told us, "They help [family member] with everything we need and more." Another relative said of staff, "They all do know [family member]. The live-in carer hands over [to another care worker] very well if he needs to take leave or be away."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered at the time of their initial assessment. Where needs had been identified, care plans had been developed setting out the support people needed to communicate effectively.
- People told us they were able to obtain any information they needed about the agency in a way that was accessible to them.

Improving care quality in response to complaints or concerns

- The agency had a complaints procedure which set out how complaints would be managed and action

complainants could take if they were dissatisfied with the agency's response. This was given to people and their families when they began to use the service.

- People and relatives told us they would feel confident to complain if necessary. One person said, "If things went wrong, I would not hesitate [to complain] but I am perfectly happy." A relative told us, "I have not had to make a complaint but would feel able to if needed."
- Where people had raised concerns, we saw that the agency had responded to these and taken action to improve. For example, following a complaint from a relative, an apology had been given and the issue of concern addressed.

# 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.

This is the first inspection at which we have awarded a rating for this newly registered service. This key question has been rated Requires Improvement. 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.

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; How the provider understands and acts on duty of candour responsibility

- There had been recent wholesale changes in the agency's management team, including care coordinators and supervisors. There had not been an effective handover of information from the outgoing management team to their replacements, which had caused disruption to the service some people received.
- Although some people told us the service they received had remained consistent, others said there had been issues with timekeeping and communication. For example, one person told us, "They don't let me know if they are going to be late. It was 11am before they got here for my 8am call. That's a very long time to be waiting for a cup of tea. Luckily it was the day my son comes."
- Relatives also highlighted communication as an area which had been affected by changes in the management team, leading to inconsistent care and support. One relative told us, "Last week [family member] was upset as a male carer turned up to help her with personal care, which she has told them she doesn't want." Another relative said they had informed the office their family member did not need a call as they would be having their COVID-19 vaccination but the care worker still arrived. A third relative told us, "The live-in carer is really good but now they need to add in additional visits, these don't seem to always be set to the same times or consistent enough to support the live-in carer."
- The registered manager had developed plans to address the issues identified by people and relatives and had begun to implement these. Although these changes had resulted in improvements, we are unable to rate this key question Good until all the people using the service receive reliable, consistent care and effective communication.

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

- People and their relatives had not been given regular opportunities to give feedback about the care they received. People and relatives who had asked for changes told us these requests had not always been actioned. For example, one relative said, "I have tried speaking to office staff about some minor bits but don't feel I always get a good response."
- Systems of seeking and recording people's views had not been maintained. For example, the agency aimed to carry out regular 'customer reviews' at which people's care plans were reviewed and they were asked for their views about their care. However, these had not been carried out in line with the provider's procedures and a number were overdue.

- Changes in the agency's management team had also affected the consistency of support provided to staff. Some care workers told us they did not always have access to the information they needed. For example, one care worker said, "There is a lack of communication between the office team and carers. They don't always answer the phone or get back to us." Other staff told us issues they raised were not always addressed or resolved. One care worker said, "I feel I can speak up if I'm not happy but I don't always feel I am listened to. I can speak up but nothing gets resolved."
- The registered manager had begun to address these issues. The registered manager advised that 'customer reviews' were being scheduled and that these would include seeking people's views about their care. The management team had begun to contact people and their relatives to ask for their feedback about the service. Spot checks had been introduced at which the management team observed the quality of care provided by staff.
- People and their relatives confirmed they were aware of these changes and hoped they would lead to improvements. One person told us, "They have started to call me once a week to ask if I'm happy with things." A relative said, "I know they have made changes to the [office] staff and you can tell as it was pretty bad with communication. It seems to be improving slowly but it's not quite there yet."
- The registered manager had also begun to implement plans designed to improve the support provided to care staff. Staff meetings had begun to take place and the registered manager said care workers were being invited to one-to-one meetings and encouraged to discuss their support needs.
- One care worker told us they had begun to see improvements in the support for staff. The care worker said, "Now when I call the office, it is better. The biggest problem was the lack of communication. I used to leave a message and not get a call back. I have to say that it is now getting better."
- Care staff told us the registered manager supported them well. They said the registered manager was approachable and provided advice when they needed it. One care worker told us, "I cannot fault the manager at all. She has been a great support for me since working with Bluebird. She is very approachable and will try and sort out any issues we have." Another care worker said, "We are able to meet our manager when we want to. She will always make time for meetings."
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.

#### Working in partnership with others

- The agency had established effective links with other professionals involved in people's care, such as local authorities, GPs and community nurses. These links helped ensure people received any professional input and support they needed.
- The registered manager had access to information from relevant bodies, such as the UK Homecare Association (UKHA) to keep up to date with good practice and developments in the care sector. The registered manager had recently completed a course provided by Skills for Care designed to improve managers' skills in leadership and management.