

Optima Management Limited

# Bluebird Care (Watford & Three Rivers)

## Inspection report

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03 July 2019

08 July 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Bluebird care is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

People told us they felt the care and support they received was safe. Staff received training in safeguarding and they knew how to report their concerns internally and externally to safeguarding authorities. People told us they could rely on staff and had good continuity of care. People told us staff arrived on time and if they were delayed they would be contacted.

Staff received regular training, the supervisors observed their practical knowledge and competencies during unannounced spot checks. Risks to people's well-being and health were well managed and regularly reviewed to ensure they were safe and protected from the risk of harm.

People and relatives told us they were very happy with the care provided by the staff. People and relatives confirmed staff were kind and caring and went the extra mile. People's dignity and privacy were protected.

People and relatives told us the registered manager was approachable and listened to their concerns when they raised issues with them. Concerns or complaints were recorded and responded following the provider's complaints policy.

Care plans were developed when people started using the service, risk assessments were developed for each identified risk to people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were responsive to their needs and supporting them the way they wanted.

The service had policies and procedures in place which were based on current legislation and best practice guidance. Staff received updates when required to ensure lessons were learned when things went wrong.

The registered manager used a range of effective audits and governance systems to check the quality and safety of the care people received.

Rating at last inspection:

At the last inspection, the service was rated Good (report was published November 2016).

Why we inspected: This was a planned inspection.

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 any concerning information is received, 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.

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?

Outstanding ☆

The service was exceptionally 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 (Watford & Three Rivers)

## **Detailed findings**

### Background to this 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.

One inspector carried out this inspection.

Bluebird Care Watford, Three Rivers is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Bluebird Care provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Bluebird Care Watford, Three Rivers received the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 65 people receiving the regulated activity of personal care at the time of the inspection.

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 48 hours' notice of the inspection site visit because we needed to make sure that the registered manager would be in.

This inspection was carried out on 02, 03 and 08 July 2019. On 02 July 2019 we contacted people who used the service, relatives and staff by telephone to explore their experiences. On 03 July 2019 we visited the office location to speak with staff and review records. On 08 July 2019 we made further calls to staff.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection:

We spoke with five people, two relatives, four staff and the registered manager. We reviewed care records, policies and procedures and other documents relating to the service. We looked at three staff files including all aspects of recruitment, supervisions, and training records.

We also looked at records of accidents, incidents, complaints audits, surveys and minutes of staff meetings. We checked the provider`s policies and procedures relating to the management of the service.

Following the inspection we:

Reviewed information we requested such as training documents and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew how to contact staff if needed. There was an out of hours on call service to support people when required. One person said, "I have contact details for the office and they always answer my calls."
- The provider had an electronic monitoring system which enabled them to monitor calls in real time, to ensure people were safe and received their calls. Staff received regular training on how to keep people safe and knew how to report concerns. Staff had a good understanding of how to protect people from harm without restricting their rights to live independently.

Learning lessons when things go wrong

- The registered manager and senior staff members reviewed and managed incidents and accidents safely.
- The registered manager shared lessons learnt from positive and negative events at staff meetings and staff supervisions.

Assessing risk, safety monitoring and management

- Staff had access to care plans on their mobile devices and these included risk assessments and clear instruction for staff. One person told us, "Staff have the skills to keep me safe."
- Staff regularly reviewed care plans and updated the risk assessments with people when required.

Staffing and recruitment

- We found there were enough staff to meet people's needs. Systems were in place to cover shortfalls at short notice such as sickness.
- The provider carried out all pre-employment checks before staff started working at the service. Staff told us they had to complete this process before starting their induction. Gaps in employment history and references were checked by the registered manager

Using medicines safely

- People's medicines were managed safely. We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately.
- Staff received training and regular competency checks. This helped to ensure that people received their medicines as prescribed.
- Where issues were identified, the registered manager took actions to ensure staff understood and followed best practice.

Preventing and controlling infection

- Staff encouraged people to keep a good standard of hygiene in their own Homes.
- Staff had access to appropriate equipment such as gloves and aprons and the registered manager told us they monitored this.
- Staff received training on how to reduce the risk of infection and had access to one use disposable gloves and aprons when needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager ensured people's needs were assessed prior to them starting with Bluebird Care.
- Assessments included people's choices and preferences which were based on nationally recognised good practise.
- Care plans contained information about how to support people's needs, these were reviewed annually or when people's needs changed.

Staff support: induction, training, skills and experience

- One person told us, "Staff are excellent." One staff member told us, "The training is good. I completed my induction and have regular training updates."
- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing with more experienced staff members.
- Training included moving and handling, administration of medicines, dementia, and safeguarding people. The registered manager encouraged staff to develop and made staff aware of up and coming courses to advance their skills and knowledge.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles. We saw examples of competency assessments completed by the senior staff.

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

- People who required help were supported to eat and drink. One person said, "Staff help me with my breakfast, lunch and dinner." Another person told us, "Staff live in the house, they cook my dinner and they help me do my online shopping."
- Information about the care and support given was documented in people's care plans by staff appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, we spoke with one staff member who had recently reported a concern about one person's leg. This information was passed to the district nurse, who had visited the person to assess the concern.
- This demonstrated good communication and working relationship with other professionals.
- Records demonstrated that other professionals supported people to ensure they received appropriate care. Staff knew what to do should they needed to contact professionals such as GP's, district nurses, social

workers and other professionals when required.

Adapting service, design, to meet people's needs

- The environment people lived in was assessed to ensure the space was suitable for the tasks required and to ensure the safety of staff and people. For example, staff supported one person with adapting the living space to ensure the specialist bed they required was in place and the area was safe for both staff and the person.
- Staff were aware of identifying and reporting any hazards such as loose carpet.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed a good understanding of people's rights and how to support people to make informed decisions. One person said, "Staff always ask me what I want. "
- Staff supported people to always be at the centre and in control of any decision making. Consent forms were in place for care and support to show people agreed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- The registered manager had a strong, visible person-centred culture. Staff were committed to providing exceptional care. The ethos was to be responsive and caring daily.
- People told us they valued their relationships with staff. People confirmed staff were kind and caring and spoke with them in a respectful manner. One person said, "They are a good company. The staff had all the time for me from day one. There is a bond between us, we get on well. I am very happy."
- One relative said, "Happy with the care, going very well. They are a good company."
- Staff were committed to providing good quality care. The registered manager confirmed they provided extra welfare checks in their own time and this was not charged, they said, "We make checks on our most vulnerable and socially isolated. We recognise that some of the people we look after need more than a care call and because of this we make extra checks and visits to them." For example, one person who lives with dementia is very isolated. The registered manager and a staff member visit them once a week, they take lunch for them and spend their lunch hour with the person. The registered manager told us, "They really come to life in that hour, laughing and chatting about anything and everything. This visit really makes a huge difference." The registered manager confirmed these calls were often done in staffs own time and never charged.
- We were also told by the registered manager about one person who originally was resistant to staff supporting them with their care. Care staff that they reacted well with from part of a regular care team. This was to develop the trust and over time the relationship developed, staff have been able to support them with their personal care and tasks in the home. The person was also supported by staff when their boiler and washing machine broke. The registered manager told us, "These are all things they can't do on their own and without our support they wouldn't be able to continue living safely at home."
- Staff always put people's needs first. One person was waiting to be discharged from hospital. However, their home wasn't in a suitable state for them to return home and they needed equipment to be in place for their care and support needs. The registered manager and staff with the persons consent went into their home and cleaned it so they could come home. They rearranged the furniture to ensure the hospital bed would fit. Staff bought them bed sheets, towels, care products, food and drink, and organised a food delivery service. Because of the help and support provided the person was able to be in their own home sooner rather than later. This demonstrated how staff went the extra mile to ensure a positive outcome for the person. The registered manager and staff were determined to get the person back in their own home with minimal delays.
- We saw many examples of staff going the extra mile, ensuring people had what they needed even in their own time. People spoke highly of staff and the friendships they had developed. Staff received a call from a

person who had never been a customer of Bluebird Care but needed support with their relative who was in hospital. They wanted staff to sit with their relative who was on end of life care, they did not want them left alone. The registered manager told us, "One of our staff went and sat with the person, this was done in our free time with no charge. This demonstrated the ethos of Bluebird Care. It was about putting people first and responding to their needs. This was achieved through the support of kind and caring staff.

- The registered manager acknowledged every one's birthdays by sending a card and the registered manager told us, "Anyone who is on their own we take flowers and chocolate and sing happy birthday."
- People's cultural and religious beliefs were respected. People's care plans gave staff information about people's cultural needs and their preferences.
- Preferences were noted on the monitoring system. For example, one person's preference was to have female staff only. The care coordinator explained that if they try to plan a male staff member the system alerted them to the person's preference.
- People's care plans were written in a person-centred way.

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

- The registered manager and staff were committed to providing care that put people at the centre of everything they did.
- Staff supported one person with four daily calls. Their partner had early stages of dementia and they had started calling the office several times daily as they were struggling to cope. Staff regularly bought essential supplies such as bread and milk to support both people. Staff discussed the issues with the people and recognised that extra support was needed and immediately involved the appropriate professionals to arrange assessments and discuss their changing needs. The outcome was positive, staff secured extra hours that enabled an extra morning and evening call as well as a shopping call. The registered manager told us, "This has made a massive difference. We also arranged meals on wheels for [name] so they are both having a hot daily meal."
- Staff asked for people's views daily to ensure they were happy with their care and support.
- The registered manager confirmed senior staff carried out spot checks in people's homes. People were asked how they felt about their care and support. One person said, "Staff sit down, and they talk about, 'are you happy, 'What else can we do for you. I am totally involved.'"
- Annual surveys were completed, and these confirmed people were happy with their support.
- People and relatives told us they were involved with decisions about their care.
- It was clear from people's care plans, they were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent. One person said, "I am very happy, they are very good. They are kind and respectful." Another person told us, "I am totally involved, my dignity is respected, and I am very independent, and staff understand that."
- People told us they were supported to be independent. One person told us, "Staff are lovely, they used to cook my dinners, but I am improving. I want to be independent and they are helping with that. I would recommend them to anyone."
- One person who lived alone, used to go to the pub on weekdays to meet friends for a coffee and chat but due to mobility issues had to stop going. This was devastating for them to lose this aspect of their life. Staff supported them with a lift every day to their local town to enable them to maintain this important part of their life and promote their independence. This has had a huge impact on their life. They told us, "Going to see my friends is very important to me, we have always met on a regular basis, but I struggle now with getting around. Staff have been brilliant, without their support I would be stuck inside my home. The staff are excellent and have really looked after me."

- Staff told us they promoted people's independence. One staff member said, "I always encourage people to do what they can for them self."
- Relatives feedback was very positive about the end of life care their relatives received. People were supported to spend their last days in their own homes as they had wanted. One relative on reflecting over their relatives' final weeks wrote, ", I have no hesitation in knowing we made the right decision in allowing them to stay in their own home under your care. I have recommended Bluebird care to other families in similar situations." The relative told us, "We have been left with a positive feeling because they received great care from staff."
- Staff made sure that the appropriate professionals were contacted to ensure people's changing need were met. One relative wrote, "When a member of the family wasn't there, the Bluebird live in carer were always able to support the community district nurses, palliative care nurses and GPs visiting the house. The Bluebird carer showed great compassion, sensitivity and care to my [relative] and the family. They were exemplary, caring and understanding of my [relatives] needs and the family's too."
- Another relative wrote, "Bluebird provided us with excellent end of life care. [Name of staff member] always available for me or another member of the family to discuss how we were going to cope with each stage so that we could plan ahead." The registered manager and staff ensured people were supported to have the appropriate care in place.
- One person needed some equipment to support them when they were out of bed to be comfortable and who was not able to sit in a standard wheelchair. Staff took pictures of different types of specialised recliner chairs for the person to choose promoting their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

### Personalised care

- People we spoke with were very happy with the care they received and confirmed they had the same regular staff where possible. The registered manager told us that this was an important part of the care as people and staff had the opportunity to develop relationships this promoted trust and good working relationships.
- People told us they received care and support as they liked it. One person said, "Staff are all lovely they take me to [name of shop] to help me do my shopping." The only complaint people had was staff sometimes were not on time. But they understood this could happen.
- Care plans detailed people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them. Staff had access to this information on their phones.
- People told us they were happy with their care and support they received. One person said, "Staff have been very supportive."

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

- People told us they had no complaints. One person said, "If I had a complaint, I know who to contact." Another person told us, "I did have one staff member that I just didn't want and [Registered manager] sorted it out straight away. I do feel they listen."
- There was a complaints policy in place. All complaints were reviewed and responded to by the registered manager appropriately.

### Meeting people's communication needs

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

- Staff followed guidance and ensured people were not discriminated in any way. Staff took the time to communicate with people in a way they understood.

### End of life care and support

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. The senior told us, "We have received palliative care training."
- The registered manager confirmed at the time of the inspection no one was receiving end of life care. However, we were given an example of one person who had received palliative care, who had requested to stay in their own home for as long as possible. Staff liaised with the district nurse, Macmillan nurses, palliative care team and the GP to ensure the best possible care and support was in place to promote the

persons wishes and end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to developing a person-centred culture within the service in line with people's own vision and values. Staff told us there was an open culture and the registered manager was very approachable.
- Staff were happy working at the service and as committed to providing high-quality care and support.
- People told us they were happy with the service and that they received good care. Staff said the registered manager and other senior staff promoted a caring and inclusive culture that motivated them to support people well. One staff member said, "People are getting very good care. They are well looked after."
- The service had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care.
- The provider also carried out periodic checks of the service to ensure the required standards of care and safety were met.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

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

- Staff told us they worked in a supportive team, they were clear about their roles and they knew what was expected of them to ensure good standards of care were always maintained. One staff member said, "Spot checks are unannounced, I have competency checks."
- Staff confirmed they had supervisions and staff meetings. There was a weekly news letter sent to staff to support sharing of information.
- The registered managers and staff put people at the centre of everything they did.

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

- People had opportunities to regularly give feedback about their care and support, Surveys were sent annually, and regular reviews held to support people to express their views. The results of the survey showed people's feedback was positive.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.



