

AJSS Limited

Bluebird Care (Newark and Sherwood)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care Newark and Sherwood is a service providing personal care to people living in their own homes. It provides long term, short term, and 24-hour care to people within the community. At the time of our inspection, the service supported 46 people.

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

People were protected from the risk of harm and abuse. Staff knew how to keep people safe and how to report their concerns appropriately.

People's needs were assessed before the package of care commenced. Staff received an induction and training for their roles which included shadow shifts of other staff members. People were supported with their eating and drinking needs if this was required.

The care and support people received was safe. People received support from a small team of consistent staff who had the skills and experience required to care for people effectively. People we spoke with used words such as 'kind', 'compassionate' and 'caring' to describe staff.

Medicines were administered safely and referrals to other medical professionals were done timely and recommendations were acted upon.

People told us the service was well led and they received person centred care. Staff and relatives we spoke with supported this and told us management were open and approachable. Management and staff were clear about their roles, responsibilities and continuously looked for ways to develop and improve the service and the level of care provided.

People's capacity to make their own decisions was assessed. 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; 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

Rating at last inspection

The last rating for this service was good (published 12 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Bluebird Care Newark and Sherwood on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Bluebird Care (Newark and Sherwood)

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 with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 1 November 2023 and ended on 6 November 2023. We made telephone calls to people and relatives on 6 November 2023 and visited the office location on 2 November 2023 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 11 relatives about their experience of the care provided. We received feedback from 8 members of staff including the registered manager, office manager, care coordinator, team leaders and care staff. We reviewed a range of records. This included 3 people's care records including their medicine records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, neglect and avoidable harm. People told us they felt safe and well supported. One person said, "Yes I am definitely safe with staff, they know and my needs and use all my equipment safely."
- The provider had effective systems and policies in place. Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.
- One staff member said, "Management take safety so seriously and listen to our slightest concerns"

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

- The provider took a proactive approach to anticipating and managing risks. Staff were well trained and understood their responsibilities. Risks assessments were person centred and monitored and reviewed on a regular basis.
- Staff were trained and capable in identifying increasing risks and actions were taken in a timely manner. For example, we saw referrals to professional such as GP and district nurses when staff identified changes in people conditions such as diabetes and catheter care.
- There was open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. Staff told us they were confident in approaching management and always received feedback to concerns they raised.

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 MCA 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 Mental Capacity Act (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.

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- We found the service was working within the principles of the MCA. Care plans contained best interest decision where applicable and clear guidance on how they wished to be supported by staff during periods of varying capacity.

- A relative told us, "Staff are very good with [Name] they ask for consent before they do anything and always explain everything."

Staffing and recruitment

- People were supported by a consistent team of staff members who had the right mix of skills to make sure that the care delivered was safe, and they could respond to unforeseen events.
- We identified gaps in refresher training records of some staff; however, the provider had a robust action plan in place to ensure this was rectified in a timely manner. The registered manager was currently undertaking training to qualify them to train other staff members. This meant the provider would no longer be reliant on external companies to provide their training.
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people required support with their medicines, this was administered and managed safely. For medicines which were administered 'as needed', further details were added to care plans.
- Staff had completed medicine training. They completed medicine records which were audited weekly by the registered manager which identified any issues. This ensured people received their medicines safely and as prescribed.
- One staff member said, "The medicine training was excellent, and the registered manager supported me until I felt competent to administer them on my own. They [registered manager] did not try to rush me, which meant people were safe while I was learning."
- The provider had identified a medicine error and responded immediately to ensure the persons safety. A comprehensive review was completed, and lessons learned were shared with all staff members to ensure the error was not repeated.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 provider promoted a positive person-centred culture.
- A relative told us, "The manager constantly reviews the care plan with us to make sure it's right and meets our needs. The staff are simply excellent, they have a good understanding of my [name] condition's and are so well trained, they are kind, caring and thoughtful."
- Staff we spoke with told us they felt management were approachable and that feedback on ways of working was encouraged. This supported planning and delivery of person-centred care which ensured good outcomes for people

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- The provider met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated and evidenced when things went wrong people had been informed and actions were taken to make things right.
- People and relatives we spoke with told us they knew how to make a complaint and should the need arise they felt the provider would respond to their concerns quickly. One relative said said, "I have no complaints but if I did, I would go to the manager. I have always felt listened to and supported by the staff and manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management and staff were clear about their roles and responsibilities. Staff told us there was always someone senior available for support and advice during any period of lone working which ensured people and staff remained safe.
- The provider had lessons learned documentation that was shared with staff to enhance understanding of issues when they occurred. A staff member said, "We are a team, we learn and grow from each other, we share feedback and ideas. Where there has been an issue it is seen as an opportunity to learn not a reason to blame."
- People told us they were confident in the registered manager's ability to rectify issues if they arose. People said the registered manager was open and approachable and contacted them frequently to obtain

feedback. One person said, "I would recommend Bluebird every day of the week, they are so caring, thoughtful and communicate to us a lot!"

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

- People and their relatives were fully involved in care planning and reviews encouraging open and person-centred communication that promoted good outcomes for people.
- The provider used various methods to collect peoples feedback including meetings and questionnaires as well as personalised face to face meetings in peoples homes.
- People from diverse backgrounds, with specialised and complex care needs, were encouraged and supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.

Working in partnership with others

- The provider worked in partnership with other professionals. Such as GP's, District Nurses and local pharmacies to ensure people received safe personalised care.
- An Occupational Therapist (OT) who works with the provider said, "Bluebird Care always put the person at the centre of what they do. Communication is very good and always follow OT recommendations. Staff are very good at raising concerns, for example, if the person's needs have changed and needing equipment to support the person safely."