

KCC Care Limited

Bluebird Care Coventry

Inspection report

Sovereign House 12-14
Warwick Street
Coventry
CV5 6ET

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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 Coventry is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and to people with a range of needs including physical disabilities and sensory impairments. At the time of our inspection 27 people were receiving personal care. CQC only inspects the service being received by people provided with 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

People and relatives spoke very positively about the service they received. Staff knew how to keep people safe and protect them from harm. Risks associated with people's care and their home environments were identified and assessed. Staff were recruited safely, and medicines were administered, by staff trained in medicine management.

People and their relatives had confidence in the ability of staff to provide effective care. Staff development was supported through an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date. People had access to healthcare professionals to ensure their ongoing healthcare needs were met.

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.

People received person centred care and developed positive relationships with staff, who had a good understanding of their care and support needs. People's right to dignity and privacy were respected and their independence was promoted.

People and relatives were involved in their care plans to ensure they reflected people's preferences, religious and cultural beliefs and values. People knew how to make a complaint and feedback on the service was encouraged and used to drive forward improvements and learn lessons.

The registered manager had processes in place to monitor and review the quality of the service, for example, audits of care records. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21 September 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

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.

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 Coventry

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 2014.

Inspection team

The inspection team consisted of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service and the Experts by Experience gathered feedback about the service from people and their relatives via the telephone.

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 we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since registering with us in September 2021. 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 1 person who used the service and 12 relatives about their experience of the care provided. We spoke with 8 members of staff including the nominated individual, registered manager, field care supervisors, and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 4 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person said, "I always feel safe with the staff, they are very good." A relative told us, "[Person] is happy with the staff and does feel safe in their care."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. Staff were confident that their concerns would be followed up.
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- People and relatives told us staff supported them safely and their care needs were fully met. One person told us, "Staff are well trained and experienced." One relative said, "They are brilliant in every way."
- People's care and support needs were assessed before the service started to ensure these could be met safely.
- Risks associated with people's care and home environments were assessed and well managed. Risk assessments were in place to inform staff how to provide safe care and were regularly reviewed.
- Staff recorded incidents and accidents, and these were reviewed by the management team and action taken to prevent reoccurrence. Any lessons learnt were discussed in team meetings.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example adverse weather conditions.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. People were happy with their call times. One relative said, "Staff arrive on time and stay the full duration of the call completing all the tasks." Another relative told us, "Staff are on time, complete all the tasks and occasionally stay for a bit longer."
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. The management team checked this regularly to ensure people had received their planned care. This ensured any missed or late calls were quickly identified and addressed.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One relative told us, "Staff always make sure [Person] has their medication on time."

- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- People and relatives confirmed that staff wore personal protective equipment (PPE).
- Staff received training in infection control and understood their responsibilities. They told us there was a good supply of PPE to maintain good infection control practice.

Learning lessons when things go wrong

- The management team demonstrated a proactive approach to risk reduction. Accidents, incidents and complaints were analysed monthly to identify patterns and trends to prevent reoccurrence. For example, referrals had been made to the occupational therapy team to seek specialist support.

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 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.

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

- People had confidence in the ability of staff to provide effective care. One person said, "The staff know how to support me, the care is very good."
- People's needs were assessed before they started to use the service. This information was used to develop care plans and risk assessments. Staff told us, "This information ensures that we understand the person's needs and know how they want to be supported by us."
- People and their relatives contributed to the assessment of people's care needs, to ensure they reflected the person's health, wellbeing and how they wished to be supported. Relatives confirmed this was an on-going process and said they were kept up to date on any changes.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to provide effective care. One person described the staff, "As well trained." A relative said, "The staff are capable, competent and caring." Another relative told us, "Staff are wonderful, very supportive."
- New staff received a comprehensive induction and worked with an experienced staff member to get to know people and understand their care needs. One staff member told us, "I found the induction really helpful."
- Staff spoken with demonstrated a good understanding of people's needs and knew how to provide effective care.
- The management team carried out spot checks of staff practice to ensure they were providing care, in line with their training.

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

- People were supported to eat and drink if this was part of their planned care.
- One person said, "Staff do my breakfast and drinks and ask me what I want."

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

- Staff worked in partnership with other healthcare professionals, such as GP's and district nurses. This supported people's health and wellbeing.
- Staff monitored people's health and wellbeing. Relatives confirmed this, one told us, "Staff do note any changes for example, if they have signs of a chest or urine infection, they tell me, so I can get the doctor in."

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People and relatives confirmed staff worked within the principles of MCA. One relative told us, "Staff always ask and explain things first to [Person], before helping them."
- Staff have received MCA training and demonstrated an understanding of the principles. One staff member told us, "I always ask permission and give people the time to make their own choices, which I respect."
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 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; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff were caring. One person said, "Staff are professional, kind and caring." A relative told us, "They provide an excellent service, staff are kind and compassionate." Another relative said, "Staff always respect [Person's] dignity and privacy whilst supporting with personal care."
- Staff promoted independence. One relative told us, "I am very impressed with them all. They always encourage [Person] to be as independent as possible which is fantastic."
- Staff spoke with care and compassion about the people they supported.
- People's personal information was managed securely in line with data protection law.

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

- People and where appropriate their relatives were fully involved in making decisions about their care. One person said, "I make the decisions about my care needs and the staff do support them."

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 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 ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. One person told us, "I do alter things for myself and inform the staff of this. They are very good and receptive to the changes I want to my care." One relative said, "They are excellent and very responsive to all [Person's] care needs."
- The staff team demonstrated a shared commitment to providing good care. One staff member said, "I visit the same people regularly and have got to know them well and have built up their trust."
- Staff told us if people's needs changed the care plan was reviewed. This was confirmed by relatives, one relative told us, "[Person's] care plan is kept up to date and I am contacted by the office to check whether we are happy with the service and if we need any changes, they are very good."
- The registered manager ensured care plans contained information which was personalised to people's needs. This included their life histories, likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to communicate effectively with people. One relative told us, "[Person] has dementia and the staff are patient and take their time when communicating with them."
- The registered manager demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and available in different languages as needed.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. One relative told us, "I have no reason to complain, if I did, I know who to talk to and I'm sure they would resolve it quickly."
- Complaints were recorded and analysed by the management team. Records viewed showed complaints were responded to promptly in line with the provider's policy.

End of life care and support

- People's end of life wishes had been recorded in their care records if they had chosen to share the information with them.
- Staff told us they worked in partnership with health professionals to ensure people were well cared for at the end of their lives.

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 for this newly registered service. This key question has been rated good. This meant 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; Continuous learning and improving care

- People and relatives spoke positively about staff. One person said, "They are all very nice and friendly." A relative told us, "The staff are all approachable if I need to talk to them."
- Managerial oversight of the service was good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. For example, checks on care records, staff competencies and care call times.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Staff understood what the provider expected of them and they demonstrated a commitment to providing good care.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "It's a really great company, I enjoy working for them."
- The service had a registered manager in post who was supported by 2 field care supervisors. People and staff had access to an on-call duty manager, out of office hours.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were very happy with the service provided. One relative told us, "They are all professional, I have nothing but praise for the team as everything has gone well." Another relative said, "Managers are very open, easy to talk to. If they say they are going to do something, it gets done."
- People and relatives were encouraged to provide feedback during regular 'quality phone calls' with the registered manager. At the time of our inspection the service was in the process of sending out their first quality questionnaire to gather further feedback on the service.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "The best managers I have ever had." Another staff member told us, "I feel valued by the managers, this company really care about the people we support."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their

physical health and wellbeing as seen in the records we viewed.

- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.