

BC Chesterfield Ltd

Bluebird Care (Chesterfield & NE Derbyshire)

Inspection report

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Date of inspection visit:
04 April 2022
07 April 2022

Date of publication:
25 April 2022

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

Blue Bird Care (Chesterfield & NE Derbyshire) is a domiciliary care provider. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of our inspection, 22 people were receiving a personal care service.

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

This was the providers first inspection as it was a new business to the area. Audits and regular oversight from the provider were used to drive quality and improvements.

There were enough staff to effectively meet the current packages of care for people's needs. People were supported by staff who had the knowledge and skills to ensure they were safe from harm.

Risk assessments had been completed, to assess and reduce any risks associated with the required support. These included the environment, moving and handling needs or medicine support.

People were supported by a regular team of care staff. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. Liaison with health and social care professionals was used to ensure people received the required level of care.

Relationships had been developed and people told us staff were caring and kind. They showed respect for their homes and personal preferences.

Care plans were detailed and had been developed with the person and their representative. We saw reviews had been completed and any required changes made. Care plans were electronic, and these were updated in real time to reflect changes.

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

This service was registered with us on 19 October 2020 and this is the first inspection.

Why we inspected

This inspection was carried out to complete the locations first inspection.

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 (Chesterfield & NE Derbyshire)

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

The inspection was completed by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post for this location.

Notice of inspection

We gave the service 48 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 4 April 2022 and ended on 8 April 2022. We visited the location's office on 7 April 2022.

What we did before the inspection

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 consulted health and social care professionals and reviewed their feedback. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with the two registered managers on site.

After the inspection

We contacted six people or their relatives to provide views on the care received. We spoke with six care staff. We contacted two health and social care professionals who had knowledge of the service. We continued to seek clarification from the provider to validate evidence found. We looked at further training data and reviewed quality assurance records.

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; Learning lessons when things go wrong

- People were protected from the risk of harm.
- Staff knew how to recognise potential abuse and could explain the processes to follow if they had any concerns. Staff told us, and records confirmed they had completed training in safeguarding.
- The registered manager understood their responsibilities and knew to work with agencies to ensure any safeguarding concerns were dealt with appropriately.
- The provider was introducing a new system on the electronic care planning platform which would enable staff to raise any concerns or incidents and these would be flagged immediately so they could be responded to swiftly. The information provided was stored in a secure part of the software to enable the protection of people's details and the incident, with access only being available to those staff and manager who required contact.

Assessing risk, safety monitoring and management

- People received safe care which had been risk assessed.
- Risk assessments were completed to consider the internal and external environment. This meant staff were assured of safety or any required mitigation was considered. For example, the use of a torch if the entrance to the home was not well lit.
- Other risk assessments were completed when people required support with medicines or the use of equipment to support their care needs. One relative told us, "All new staff come with experienced staff to learn and then they are observed to check they know what they are doing and following the instructions." This ensured staff received the required guidance to keep people safe.
- Information about people's skin conditions and any required creams were recorded. One relative told us, "The staff let me know if there is a change in [name's] skin condition or when their toenails need cutting. They are very professional." We saw when topical creams were required details of the cream was recorded with a photograph of the item and any application instructions.

Staffing and recruitment

- There was enough staff to support people's needs. People told us staff were punctual and stayed their allotted time.
- We saw people received care from regular staff, one person told us, "I am never left with anyone who doesn't know me or know what to do."
- The registered provider had a process for ensuring staff were recruited safely. Records showed pre-

employment checks and a DBS were undertaken prior to staff commencing employment. 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.

- Out of hours arrangements were in place. This provided staff with support should they need it, and this was appreciated.

Using medicines safely

- Staff had received medicines training and competency assurance visits in administration.
- Discussions were completed in supervision sessions to ensure staff fully understood their responsibilities.
- Staff understood the electronic system which identified the medicine to be administered and the recording mechanism. If there were any errors or missed medicines these were raised on the system in real time. This meant the registered manager could address any concerns.

Preventing and controlling infection

- People were protected from the risk of infections.
- Staff had received training in the use of personal protective equipment (PPE). We were assured staff used PPE effectively and safely.
- We were assured that the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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 of 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 received an assessment which considered all aspects of their care and support needs. The assessments were developed into a person-centred plan, to promote people's independence wherever possible.

Staff support: induction, training, skills and experience

- Staff had received the required training for their role.
- In the provider information return (PIR) the provider told us, 'Our roster system has safeguards built in to ensure specialist calls are only attended by members of the team who have the necessary skill to complete the call.' We spoke with staff who shared with us the training they had received and how it linked to the calls they were attending.
- Staff reflected on the training they received. One staff member said, "Training was made fun. It was a refresher for me as I have been in care settings before. However, I had forgotten some things and other areas were a good reminder. We did the training with other care staff, so it was nice to share experiences."
- We saw staff skills were reviewed through supervision and onsite checking. One staff member said, "It's keeping an eye on us and checking we are doing everything right, along with checking your uniform, PPE etc. I think it is a good thing."

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

- Meals support was provided as part of people's care package.
- Staff were provided with the information about dietary needs and people were given a choice from their own selection of meals. One person told us, "I always decide on the meal. I have a regular supermarket delivery, so I have a good range to choose from."
- Staff were aware of the importance of keeping healthy and maintaining a balanced diet and offered the required choices where possible.

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

- People's health care needs were considered and supported.
- Some people required exercises on a daily basis to promote their mobility. We saw the guidance provided by the physiotherapist was detailed in the care plan. Staff we spoke with explained they had received training in the exercises. One staff member said, "The manager goes through the details so we can cascade

the training. The physio and the manager then check we are doing it correctly."

- A health care professional told us, "The manager ensures the safety and thinks of everything they can to support everyone's wellbeing. They added, "On two occasions staff and the manager have visited with the therapist to ensure correct moving and handling techniques are being used."
- We saw when the service was transferred to another provider the registered manager ensured a seamless approach to the care. The relative told us, "The manager was very responsive and wanted to ensure we did not miss any care calls. They have also offered to step in if there are any glitches, we have been really happy with the service we have had from Bluebird.

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's consent for their care was sought and recorded in their care plan.
- Some people had relatives who had legal power of attorney and these details were included in the care plans and these relatives consulted in relation to decisions.

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 of 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

- People were supported with their individual needs.
- In the provider information return (PIR), the provider told us, 'We consult customers on any preferences they have regarding staff we supply i.e. female care workers only.' We saw people had been consulted and any preferences had been detailed in the electronic system, this ensured these choices would be linked to the staff being deployed.
- Staff confirmed information was always in place prior to calls starting. Records reviewed included information about people's preferences, including their preferred name, levels of independence or access details.

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

- People and their relatives told us they were involved in making their own decisions. This included discussing their care provision and any changes. One person told us, "Staff are lovely, they are respectful in my home."
- Other relatives discussed how valuable the service was in supporting them to keep their family member in their own home. One relative said, "The staff create a break for me doing all the care, it's a real support." Another relative said, "I could not have continued to keep them at home without this support."
- Staff respected people and their interests. One person said, "The staff are considerate in my home. They know my favourite topic of conversation and this has helped build the relationship."
- We saw details of people's interests and important things in their life had been included in the care plans. Staff told us, "The details are there so you can refer to it, to help you get to know people."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff spent time with people and showed interest, one relative said, "Staff would stop and talk and really get to know them."
- We saw within the care plans aspects of people's housekeeping tasks had been included, for example, opening the curtains, making the bed and ensuring the person had their Lifeline pendant in place. This meant key tasks were completed to support people's daily needs.
- The provider was aware of their responsibilities in line with the General Data Protection Regulation (GDPR) and ensured records were stored in line with this guidance. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals. All computer information was password protected.

- Some relatives had requested to be linked to the electronic system to review their relatives care needs and daily entries. One relative said, "It is useful for me to be able to see the care [Name] has received and provides that reassurance." These relatives only have access to agreed sections under GDPR.

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 of 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

- Care plans were detailed and included people's individual needs.
- All the people and relative we spoke with told us they had been involved in the care planning. One relative said, "The manager visited the house and spoke to me and [Name] who was to receive the care. This meant we could both have our say." They added, "The care plan was very detailed, and we received a draft copy to review before agreeing the care package. Additional things have since been added." This meant the care plans were live documents which reflected people's current needs.
- People told us the service was responsive. One relative relayed the support call they had received one evening by torch light as there was a power cut.
- People received care from a consistent group of staff. One relative said, "The staff are regular faces, no one has turned up we have not been introduced to." This meant the staff could respond to people's needs as they had good knowledge of their needs and preferences.

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. 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.

- Care plans included information about people's specific communication requirements and any adjustments the staff needed to make.
- Information was available in a range of formats and methods if required, to support people with their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When included as part of their overall care package, people were supported to access community and social activities with the support of staff.

Improving care quality in response to complaints or concerns

- Complaints information was available and was included in the service users guide.
- All the people we spoke to were aware of the complaints procedure and how to make a complaint if

required.

- At the time of the inspection the provider had not received any complaints.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- One relative reflected on the kindness of staff, after one of their parents had died, "Staff were really supporting with [Name] after [Name] died. They showed real understanding and took time to chat if they wanted to."
- Staff had received training in this area and those we spoke with shared an understanding of support they would provide during this time.

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 of 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.

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

- People and relatives told us they felt confident in the management, one said, "They seem very good obliging. When you call, they always answer and respond to any questions I have."
- The provider had an electronic system which recorded details in real time. This meant information was updated as it changed. One staff member told us, "When the office change things it refreshes on our system straight away. Like a new call or a change in someone's needs. It's a really good system."
- In the provider information return (PIR) the provider told us, 'We have policies and procedures in place which are updated annually or sooner if required.' We saw the policies had been consistently updated to reflect any changes in government guidance or in best practice. These policies were shared with staff to support their understanding of the service.

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

- People and relatives felt confident in the providers approach to care. One relative said, "I have the office number if I need to get the manager. They also come to the home to discuss any concerns."
- The provider was aware of their responsibilities under the registration and any required notifications.

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

- The provider had governance arrangements in place to support quality and improvements.
- The registered manager completed audits and reviewed the electronic systems to consider trends or areas of improvement.
- The data from the systems was reviewed with staff to reflect on their work. For example, arrival times, the time spent with people and understanding of the information. In addition to identified training needs.
- The provider held monthly risk meetings to review the business. This included recruitment, budgeting, any missed calls or complaints and incidents. This meant the provider had a clear oversight of the business and was able to direct staff in any required changes.
- The provider was developing further electronic solutions to support the service. For example, reporting safeguards or incidents. Other reporting information was used from the rota and daily activity reports to reflect the day to day business.
- The registered managers felt supported in their role and were included in the providers improvements and

oversight.

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

- People received reviews of their care needs and had the opportunity to reflect on the service they received.
- All the people and relatives we spoke with were positive about the service. One relative said, "I have no concerns at all about this service and would recommend them. In fact, I have done so already."
- All the staff we spoke with felt supported in their roles. One staff member said, "Support is brilliant, always there straight away. For example, with a medicine change, they deal with it or tell you what to do." Another staff member said, "You can ask any question, even if you think it is stupid, you feel it's okay to ask."
- The provider had a staff reward scheme which linked compliments and recommendations to a points system. One staff member said, "It's a real bonus, the points add up and are a benefit to me." Staff we spoke with said they really appreciated the scheme.

Working in partnership with others

- The provider had established relationships with health and social care providers.
- The partnerships crossed a range of support needs in relation to commissioning or direct care.
- A social care professional told us, "When I have needed to contact them, I have always been able to speak with somebody and they have been helpful, arranging to visit clients if needed." They added, "They ask for all the required information and have requested additional assessments to take place in relation to moving and handling."
- The provider was part of a franchise and we saw liaison was available with the wider business to ensure the correct culture and service provision.