

# Beechwood Homecare Limited

## Bluebird Care (Carlisle)

### Inspection report

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Date of inspection visit:

18 November 2019

20 November 2019

21 November 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Carlisle) is a domiciliary care agency providing care and support to people in their own home. This includes personal care, shopping, activities and appointments. The agency provide support to people with a range of care needs and includes older people, people living with dementia and people with learning or physical disabilities.

The organisation had recently moved location within Carlisle. At the time of our inspection Bluebird Care (Carlisle) provided services to 95 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were safe and protected from abuse because staff assessed and managed risk. They told us staff were reliable, arrived at the agreed time, carried out their care and support as planned and stayed the correct amount of time. People received their medicines as they needed and staff were trained and their competency checked. Staff were recruited safely and had an informative induction.

Staff supported people to access healthcare and liaised with health and social care professionals. They assisted people with meals where needed, and had the training, skills and experience to provide good care. People were helped to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions and supported them with decision making.

Staff provided care that met people's needs and preferences. People told us staff were caring and patient and encouraged them to remain as independent as they were able. They felt staff respected their privacy and dignity and treated them as individuals, with different needs, wants and lifestyles. People and where appropriate, their relatives were involved in making decisions about their care.

Staff assessed people's communication needs and were familiar with the ways they communicated. People told us they knew how to complain and any concerns were taken seriously and acted upon. Bluebird Care (Carlisle) supported people at the end of life. Staff understood the importance of supporting people to make this as comfortable, pain free and peaceful as possible.

People said staff responded promptly to any feedback about their care. They said staff encouraged them to give their opinions about the service and to make decisions about their care. The registered manager and management team monitored and audited the service to check on the quality of care. They worked in partnership with other services and organisations, followed good practice guidance and understood and acted on their legal obligations

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was good (published 24 May 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

Is the service safe?

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

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# Bluebird Care (Carlisle)

## 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 Care Act 2014.

#### The inspection team

This inspection was carried out by an inspector and an Expert 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.

#### Service and service type

Bluebird Care (Carlisle) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. This means 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:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people using the service and the registered manager. We needed the registered manager to contact people to ask their permission for us to speak with them.

Inspection site visit activity started on 18 November 2019 and ended on 21 November 2019. We spoke with people about the quality of their care and support on 18 November 2019. We visited the office location on 20 and 21 November 2019 to see the registered manager and staff; and to review care and management records.

#### What we did before inspection

We completed our planning tool and reviewed information we had received about the service since the last inspection. This included notifications we had received from the provider, about incidents that affected the

health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people supported by Bluebird Care (Carlisle). We looked at 12 survey responses from surveys the provider had asked people to complete. We also saw the findings gathered from 35 returned surveys. We spoke with nine members of staff including the registered manager, office based and care staff.

To gather information, we looked at a variety of records. This included medicines records and sections of four peoples care records. We also looked at other management records including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

# 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; Staffing and recruitment

- People were protected from risks of avoidable harm or abuse. Staff attended training in safeguarding adults. They knew the action they would take if they felt someone was being harmed or abused. People said they trusted Bluebird Care (Carlisle) and felt safe and protected. One person told us, "The carers keep me very safe and protected. I absolutely have no problem at all." Another person said, "I think Bluebird Care have done a good job in keeping me safe and protected. I've always felt safe in this care."
- Staff told us their recruitment was robust and the registered manager had completed checks before they could start working for Bluebird Care (Carlisle). This reduced the risk of employing unsuitable people.
- People told us staff usually arrived at the time agreed and let them know if they would be late. One person said, "Rarely are my carers late." Another person told us, "I can sleep better knowing there will be someone there to help me up in the morning."
- The registered manager said they tried to have the same group of staff supporting individuals. People's comments included, "I have the same carer who I have a really strong bond with and I'm always safe with her." And, "Occasionally I get other carers during holiday period, but this doesn't affect my care as they have a good cross-over of skills." One person found having different staff difficult, "Sometimes, my anxiety is raised when I don't know who's coming. I'd rather be told in advance who's visiting each day."
- Staff said they had the time to support people as agreed in the care plan and to spend a few minutes chatting to people. A staff member said, "For some people we support we are the only people they see, so it is the least we can do." People supported confirmed this. One person told us, "The carers have time to talk to me without rushing away." "They always ask if they can do more for me while they are here."

Assessing risk, safety monitoring and management

- The management team completed risk assessments with people to make sure they kept people safe. They reviewed these regularly. Staff encouraged people to be independent, while encouraging them to be aware of unnecessary risks. One person told us, "I think independence is promoted very well with the carers – for example, I take lots of medication myself, they just oversee everything's alright, but don't hold my hand."
- Bluebell care (Carlisle) used an electronic call monitoring system for secure care records, rotas and staff information. This helped them monitor visits were completed safely, particularly when staff were lone working.
- Staff had arrangements in place to support people in emergency or unexpected situations. People said they were confident their carers would know what to do in an emergency.

Using medicines safely

- Staff supported people with medicines correctly, in line with good practice guidance. People said staff did not forget to give them their medication. One person said, "They handle my medication in a professional



way and they are very methodical to do things right." Another person told us, "I have had a major change in my medication. I was nervous about the change, but the carer was so very reassuring and supportive throughout the whole changeover process."

- Staff told us they received training in managing medicines. This helped them support people with their medicines safely. The management team checked staff were giving medicines correctly through audits and staff competency checks. There were few errors but if they did happen, they dealt with them promptly.

#### Preventing and controlling infection

- Staff reduced risks from potential infection to people they supported. They were trained in safe infection control practices. People said staff almost always wore disposable gloves and washed their hands between tasks.

#### Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as expected. They reported and documented accidents, incidents and near misses. The registered manager reviewed these and discussed them with the staff team. This helped staff to learn from them and reduced the risks of similar occurrences.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

# 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.

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

- Staff supported people with food preparation when needed and encouraged people to eat and have enough drinks to keep hydrated.
- Staff had been trained in food safety. This helped people to receive safe nutritional support. One person said, "I'm still independent in making meals to a degree, but the carers will pick up and carry on completing any cooking I can't do, which is brilliant."

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

- The staff team worked effectively with health and social care professionals. They helped people to receive health care promptly to improve their health and wellbeing.
- People told us staff sought, gave correct information, listened and followed professional's advice, so the person received appropriate treatment.

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

- The registered manager carried out robust assessments that focused on the person's needs so they received the right care and support.
- Staff reviewed care plans regularly with people so information was up-to-date. People told us they were fully involved in planning and reviewing their care.

Staff support: induction, training, skills and experience

- Staff had frequent training to help develop their skills and knowledge. People told us staff were capable and competent. One person said, "The carers are generally skilful enough to deliver the right care for me."
- Staff said their induction and training was thorough and it helped them support people in the way each person wanted. A staff member said, "The training has been really good. I have felt able to ask for any extra training I felt I needed."
- The management team supported staff with regular supervision and appraisal as well as frequent informal discussions. They told us these were encouraging and helpful.

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. 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. No-one was deprived of their liberty under the Court of Protection when we inspected.

- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' 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.

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 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 told us staff were kind and patient and treated them in a caring way. One person said, "The care I get is brilliant. [Carer] gives me a lot of confidence and comfort. She is a good lass who is willing to go the extra mile. I'm very satisfied and very lucky." Another person told us, "Ahh! the people here are smashing. I have no worries. The carer sees I'm ok every day and looks after me. I couldn't have anybody better." One person told us they had a poor service with another agency but Bluebird Care (Carlisle) were second to none. Adding, "I wish I used these earlier. I wouldn't hesitate to recommend Bluebird Care to any new user, based on my experience so far."

- Staff were accepting and supportive of people's rights and of their differences. They were trained to make sure they understood equality and diversity. People told us staff were familiar with their individual needs, which helped staff provide the right support. Comments included, "The carer provides a very effective service because she fully understands my needs." And, "[Staff member] always spends a couple of minutes asking me how I am before delivering my care as I can get depressed." And, "If there's anything more I want doing, they are always obliging – for example the carer will go shopping with me because I have trouble lifting things on my own."

- Staff were respectful of people's privacy and dignity and encouraged them to be as independent as possible. One person said, "They [staff] are great at taking my need for privacy into account. I can't say there's any I wouldn't want back." Another person told us, "They treat me with such respect and their attitude is lovely."

- Staff respected people's confidentiality. They did not discuss people or their needs in public areas or where other people could overhear. People had copies of their care records at home. They were password protected and secure on the office electronic system.

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

- People were involved in planning their care and with making day-to-day decisions as much as possible. One person told us, "I'm able to make decisions for myself and the carers are good at listening to me and I'm confident they can deliver any request I want within reason." Another person said, "They always find the time to discuss things."

- Staff involved people and where appropriate, their relatives, in planning and updating support, and in making important decisions. They kept care records up to date so relevant people were aware of this.

- People and their relatives had information about advocacy services, so an independent person was able to act on their behalf, if needed.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Staff gave people care that met their needs, respected their choices and improved their well-being. One person told us, "I have often praised my carer to other people for being there and responding to my every need – for example, I can just ask her to run a quick message for me and she will do it without question." Another person said, "To recommend Bluebird, I would simply say it's person centred."
- The management team adjusted support to meet people's needs and preferences including any changes people wanted promptly and explained the reason if there was any delay in achieving this. People's comments included, "Now Bluebird have got it right and my care is centred towards a younger person's needs, they have succeeded very well." And, "I would have confidence to continue using this service even as my health declines further. if I needed further care or attention, I could rely on the carers meeting my needs."
- People had personalised care plans which informed staff how to support them. One person said, "My care hasn't changed much in the last year, but the staff often do spot checks and discuss my care plan with me." Another person told us, "They ask if there's anything I want added to the plan."

#### 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 were aware of the AIS. They made sure people with a disability or sensory loss were given information in a way they could understand. They wrote about each person's communication needs, including speech, hearing, sight or understanding in their care plans and kept these up to date.

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

- People knew about the complaints policy and procedure and how to complain. We looked at the complaint information and saw action had been taken in response to any complaints or concerns.
- People said any concerns had been dealt with quickly and to their satisfaction. Comments included, "They are always ready to address any issues and resolve them no matter how minor." And, "I've never raised any formal complaints and if my care stays the same, I'm unlikely to do so."

#### End of life care and support

- Staff understood the importance of supporting people and their families and provided caring and

sensitive end of life care. They had received training in how to assist people to have a comfortable, pain free and peaceful end of life. They also supported people's family and their colleagues during this care. We saw comments from recently deceased people's relatives who said, 'Can't praise you enough. You were fantastic, so caring and provided me with the peace of mind.' And 'Thank you for your care and support and it was lovely to see so many of you at the funeral.'

- Staff had explored people's preferences and choices in relation to end of life care. They had recorded this in care plans where people were willing to discuss this.

## 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.

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

- People said the registered manager and staff team were approachable and transparent. They supported people to decide how they wanted their care and support to be provided. They sought people's views through informal discussions, reviews and surveys. People told us the senior staff did spot checks and phone calls to check their care was as the person wanted. We saw comments on feedback forms which included, 'Exemplary well managed agency who provide excellent carers.' And, 'We are more than satisfied with Bluebird care. They are now among the most important people to us.'
- People and their relatives, if the person agreed, could log into their care records on the electronic system. This meant they could see up to date information about the person within a short time of it being added. They could also leave a message for Bluebird Care on the system, although not make any changes to the care records. The system alerted staff of any changes in care quickly. It also alerted the office or on call person if staff were late to or from a visit. This improved safety and reduced lone working risks as the system showed when staff logged in and out of a person's home.
- Staff said they had frequent and supportive contact with the registered manager and senior staff. either face to face, or by email, newsletter, phone or texts. They told us they had also had meetings and supervision as well as less formal opportunities, so staff were up to date on information and changes. A staff member said of the management team, "They are brilliant with us, always there for us." Another staff member told us, "This is the best place I have worked. The support is amazing."
- Staff said the registered manager and senior staff were appreciative of staff 'going the extra mile'. They said they were given positive feedback and encouragement to give the best care. They were given financial and other incentives including carer awards and for completing national care training promptly. A staff member said, "[Registered manager] rang each of us to thank us individually after we had covered some extra shifts. That has never happened to me anywhere else."
- The registered manager and provider understood their responsibilities to apologise to people and/or their relatives if mistakes were made and act on their duty of candour.

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

- People told us they had confidence in and spoke highly of the registered manager, management team and care staff. They said the agency was very good and well-led and staff were dependable. Comments Included,

"I would recommend this service to anyone. If they look after other people like they look after me that's great." And, "I think they are a positive, well-managed company who have dedicated staff that meet your needs."

- People said the management team were considerate, efficient and consistently provided a very good service. Senior staff visited people and worked closely with staff supporting them. This helped their knowledge of each person's care and support needs, as well as staff members' strengths and where they were less confident. They told us they knew who to contact and how to do so if they needed help. They said they felt able to contact any of the management team and confident they would respond promptly. One person said, "Everyone I've been in contact with have been very approachable and very supportive." Another person told us, "I would recommend Bluebird Care based on the service I currently have. I would be lost without the service."
- The registered manager had a clear staffing structure and lines of responsibility and accountability. The management team carried out spot checks, surveys, telephone calls and audits of the service. Bluebird care head office also carried out checks to ensure the standard of care remained high.

Continuous learning and improving care; Working in partnership with others

- The management team completed audits, sought people's views, reviewed care, and evaluated accidents and incidents to see if lessons could be learnt.
- The registered manager referenced current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, registered manager forums and local and national organisations.