

Corden Assist Limited

Bluebird Care (Wandsworth)

Inspection report

5 College Mews
London
SW18 2SJ

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27 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Bluebird Care (Wandsworth) is a domiciliary care agency providing care and support to 157 people living in their own homes. At the time of the inspection 96 people using the service were receiving personal care. 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.

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

People received a very safe service and the provider ensured staff a very safe environment to work in. There were robust systems and processes that protected and safeguarded people from abuse. Sufficient extremely well-trained staff were appropriately recruited and passionate about the person-centred care they provided and people they provided it to. Risks to people and staff were holistically assessed, managed in partnership with them, relatives and healthcare professionals, and monitored and updated when required. The provider reported, investigated and recorded accidents, incidents and safeguarding concerns appropriately and medicines were safely managed. The provider had robust infection prevention and control measures in place. This meant people could enjoy their lives safely.

The service was exceptionally well led and had an honest, open, and positive culture with clear and transparent leadership and management. People, relatives and staff said they felt very valued by the management team, who were approachable, listened and took prompt, responsive actions as required. Staff were aware of their responsibilities, accountability and understood what was expected of them. They were prepared to take responsibility and report any concerns they may have regarding the service provided and ways to improve it. The provider maximised the use of electronic systems and processes to monitor people's care experiences and proactively and creatively review service quality and make changes to improve the care and support people received. This was in a manner that best suited people. The provider established effective working partnerships that promoted the needs of people being met including outside its remit to reduce social isolation. This enhanced people's quality of life.

Rating at last inspection

The last rating for this service was good (published 2 June 2018) and there were no breaches of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed to outstanding. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Wandsworth) on our website at www.cqc.org.uk.

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.

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

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 well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Bluebird Care (Wandsworth)

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.

Inspection team

This inspection was carried out 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.

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 was a registered manager in post.

Notice of inspection

This inspection was announced. The service was given 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.

What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with 20 people and their relatives, and 16 staff to get their experience and views about the care provided. The health care professionals we contacted did not respond. We reviewed a range of records. This included eight people's care and medicines records. We looked at eight staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service were checked including audits, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff rotas, spot checks, observations and audits. We received the information which was used as part of our inspection.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had any risks to themselves thoroughly assessed, monitored and managed by the provider working with them.
- The provider facilitated staff discussions that identified best outcomes for each person, including things that didn't work. Staff supported people by following their risk assessments and care plans. This meant people could take acceptable risks, enjoy their lives safely and had a significant positive impact on their well-being. One relative said, "Exemplary service, [person using the service] gets everything he needs." Another relative told us, "The coordinator was spot on with her profile and the support needs that my mother has following a surprisingly long home visit while I was there. She listened to us both and I felt involved and had input in determining a careful way forward in the face of mum's reluctance to accept help."
- People and their relatives were fully consulted and involved in the risk assessment process which was conducted at a pace that suited them. This meant that the quality of information gathered was enhanced and the service provided could be clearly focussed on the needs of and risks to people. The risk assessments covered areas that were important to people in their lives such as health, activities, interpersonal contact and daily living. The risk assessments were frequently reviewed and updated as people's needs changed. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. They were confident about identifying and monitoring risks and saw this as a crucial part of their role.
- Whilst fully aware of the importance of keeping people safe, staff also recognised the importance of people retaining individual choices through positive risk taking. One person had high care needs, due to an accident and was nervous and reluctant to carry out tasks for themselves. At first, they received three visits per day. After a couple of months the person reduced the visits to two per day because of the positive and encouraging staff support provided that enabled them to regain their confidence, independence and perform tasks themselves with staff support.
- People and their relatives said the provider and staff were very skilled at monitoring wellbeing and escalating concerns to health care professionals appropriately. One person had Parkinson's disease and would often 'freeze' mid transfer especially when trying to mobilise from their armchair. A customer services manager spent a great deal of time working through the NHS referrals and equipment teams to obtain a standing hoist for them. They were also able to obtain a rise and recline armchair to help with the person's independent mobilising and transfers. This allowed the person to remain living in their own home, and they could transfer confidently, maintaining their dignity and their quality of life improved greatly.
- A person's relative said, "Safe service provided by the same friendly and helpful carers [staff] which is great. The service was recommended to me and I have recommended them to others." A relative told us, "We were fully involved in the assessment from day one and know people [staff] in the office by name."

- People's risk assessments and care plans identified risks to people and creatively sought person-centred solutions that minimised disruption to their quality of life.
- The provider's policies and procedures clearly explained how to manage risk and crisis positively, promote service continuity and whistle blow, including reporting bad practice. There were clear processes in place for staff to share information about risks and changes to people's needs with office-based staff. This meant appropriate action could quickly be taken. Staff were also aware of the lone working policy to keep them safe. One relative told us, "Couldn't be more satisfied."
- The provider operated a red, amber and green risk monitoring report system that rated possible current and emerging risks to people, emergency backup plan and impact on the individual should a call not be covered. This minimised the negative impact on people as it recorded alternative support sources available, such as family and was determined by the person's dependency, type of support required and when. One member of the office staff team gave an example of a care worker reporting ill before an early morning weekend call. They realised it would be difficult to cover the shift so covered it themselves. This enabled the person using the service to receive the care and support they required, without interruption.

Staffing and recruitment

- There were enough appropriately recruited staff and the provider had a digital portal system that tracked if calls took place on time and for the agreed duration.
- Where possible staff supported people in reasonably close proximity to where they lived. As such, staff had common ground with people as they were familiar with the same area, the local community and might know the same people. This supported staff to strike up a closer relationship with the people they supported, from the outset.
- Whenever possible, the provider ensured that people's preferences were met and matched staff accordingly. New staff were introduced to people and their relatives before starting work and this meant a more familiar face, rather than a complete stranger, with an impact of enhancing people's comfort and relaxation when receiving a service.
- There was a robust recruitment procedure that meant enough caring, suitably qualified, and experienced staff were available to provide support and meet people's needs, when they were required. The provider philosophy was that successful recruitment of the right staff members was the starting point for people to have positive experiences of their care. Whilst the interview process identified prospective staffs' qualifications and experience through scenario-based questions it also focussed on prospective staff's values and why they wished to work in health and social care. This meant that staff were employed who had the right motivation, were passionate about the people they cared for and the job they did. This was reflected in the feedback received from people and their relatives. One person told us, "The girls [staff] are fantastic." A relative said, "Nothing is too much trouble."
- Many new staff only had previous family-based experience as a carer. The provider identified, through feedback, that there was a massive leap from family carer to the role of professional care worker even with full training, support and initial weekly supervision. This meant valuable staff were lost due to a lack of confidence. An informal mentoring programme was introduced as a result of the feedback, using experienced staff with the right skills to positively nurture and support new staff. The less formal environment dramatically reduced the loss of new staff due to building confidence through focussed support and successful transitioning to a more professional role with increased responsibilities.
- Records demonstrated that the recruitment procedure carried out all the required checks before staff commenced employment. They included if references were taken up, Disclosure and Barring service (DBS) security checks carried out, as well as right to work, health declaration and work history. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was a probationary period of three months with a review. Staff files demonstrated that the recruitment process and training were completed.

Staff were provided with information that explained their responsibilities including the provider's expectations of them.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The provider made changes to people's support in response to incidents of concern. After a person was left by a care worker in a situation in which they may have been unsafe, the provider completely restructured their package of support to better meet their needs and to ensure their safety, while promoting their independence. The objective was to offer a more engaging service focussed on rehabilitation, provided by a variety of different staff with shorter visits. With the revised support in place, the person was much happier accepting support than previously and their relative was satisfied with the outcome, and their relative's enhanced safety and independence.
- People and their relatives said the provider was very responsive to any concerns or issues raised and used them as an opportunity to further improve people's experiences of care. One relative said, "Any problems and they are straight on it."
- People and their relatives were given a customer guide, that contained clear information about raising complaints or concerns and outlined what people could expect from the service.
- Staff said they felt comfortable raising concerns and told us the management team was very approachable, listened, and acted quickly in response to suggestions made and incidents that occurred. One staff member said, "They [registered manager and office team] listen and act." Another staff member told us, "Approachable and always there when we need them."
- The provider provided clear policies and robust processes for managing incidents, accidents, complaints or concerns. They were fully investigated by the management team to identify contributing factors and take action to minimise repeated future risks.
- Safeguarding concerns, accidents and incidents were reviewed to ensure any emerging themes had been identified and any necessary action taken.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes safeguarded people from the risk of abuse.
- People and their relatives felt the service was exceedingly safe. One relative told us, "I have nothing but praise for the carers [staff], my [relative] is very relaxed with whoever is on duty at the time, he's got to know them, and feels safe." Another relative commented, "Excellent, safe service with very helpful office staff who keep in touch by e-mail and phone and care staff who conduct themselves well, in a friendly and professional way."
- Staff received thorough safeguarding training that enabled them to identify abuse and the action required, if encountered. This was reinforced by discussions in staff and team meetings using practicable examples, scenarios and role play. They enabled staff to keep people safe and know how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity at the time of the inspection. The provider also gave staff access to policies and procedures that were focussed on safeguarding, and protection from and prevention of abuse to people.
- Staff were very passionate about keeping people safe. Those we spoke with had thorough knowledge of how to keep people safe and free from abuse, and used this knowledge to explain to people how to keep safe. They also recorded specific concerns about people in their care plans and daily log notes. This information was then analysed to identify any trends or changes in people's health behaviour or circumstances and alternative care options considered to minimise risks to them, if required.
- Staff told us the management team took immediate action to minimise risks to people in response to concerns they raised. A staff member told us, "They are always there to support us during office hours and out of hours on call."

- The provider's philosophy was that person-centred care provided by a continuous care team ensured that people and staff had time to build trusting relationships and that this was central to keeping people safe. A staff member said, "My training and the information I'm given prepares me to care for people safely."

Using medicines safely

- People's medicines were safely managed.
- The provider's digital and analytical system included medicines administration. This meant that any concerns regarding medicine and people's needs could quickly be reported and amended as required. People and their relatives also had access to this system and told us they appreciated remaining fully involved and informed about their or their relatives care.
- Staff said the digital system worked exceptionally well, making important information easily accessible and changes were able to be implemented very quickly. This meant staff could administer the right medicines quickly, even when they had been newly introduced or changed.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicines; this training was regularly updated and robust competency testing carried out. This meant people received their medicine on time and in the correct dosage.
- The staff we spoke with were very knowledgeable, including making decisions in difficult situations, such as if a person refused their medicine or when determining whether to administer an 'as required' (PRN) medicine. When appropriate, people were encouraged and supported to administer their own medicine.
- The provider had clear processes for staff to follow in the event of any errors or other concerns about a person's medicines. The registered manager told us they considered any medicines queries a priority, and staff were instructed to seek advice as soon as possible during office hours or out of hours. Staff said support was always readily available when needed.
- The management team's quality assurance processes were robust and ensured safe medicines administration. A variety of detailed, regular checks and audits were carried out and the digital system alerted them to events such as late or missed medicines. This meant any issues identified could be immediately investigated and appropriately rectified.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- We were assured that the provider was accessing testing for people using the service and staff.
- The provider provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 had a culture that was open, positive, and inclusive.
- Staff were empowered by the registered manager and management team to think beyond their care tasks and consider creative ways of meeting people's needs. We saw and heard of numerous examples when staff had advocated for people to ensure they received the care they wanted, were safe, able to achieve what was important to them and did not experience self-isolation.
- A relative gave us an example of this when they told us, "She [care staff] alerted me on the daily report that mum had a strange phone call from the bank. She alerted mum that it was a scam. When she [staff] is in the house, I am happy that mum is safer than for the rest of the day. The impact of these small communications vastly improved my peace of mind and alert me to issues to be addressed. They [staff] also often report that they have sat and had a chat with mum as well."
- The provider actioned an idea from a member of staff to support a group of people to take a day trip. This was arranged and a trip to Brighton took place with staff support. This gave people the opportunity to visit the seaside which they would not otherwise have had, make new friends and reduce their social isolation.
- People and their relatives were enthusiastic regarding the culture and quality of the service and said the registered manager and staff were extremely approachable, attentive, they listened to them and did their best to meet people's needs. A relative commented, "If they [staff] are running late they text me to let me know. They always stay the full hour, and sometimes, go over their slotted time, but never rush if they've gone over. As I say I'm very happy with the service they provide." One person told us, "Excellent service, can't fault them. They [staff] are always on time and can't speak highly enough of them. Staff are great." A member of staff told us, "Great support, recommendations and respect. I have received excellent training that enables us to carry out excellent quality work and support for all [people using the service]."
- People and their relatives were very forthcoming about the positive way the service was run and very caring approach staff had towards people using the service when delivering care and support. The staff we spoke with were equally enthusiastic about the jobs they did and positive difference they made to people's lives. They told us they could not be better supported by the registered manager, office staff and each other. A staff member told us, "Very well led and managed." Another staff member said, "The support we receive enables us to carry out excellent quality work and support to all customers [people using the service]."
- The provider had a clear vision and values, that staff understood, and people said were demonstrated by staff working practices. The vision and values were explained at induction training and revisited during mandatory training.
- There were clear lines of communication and specific areas of responsibility regarding record keeping

were explained to staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people using the service, their relatives and staff to give their views about the service and the provider worked in partnership with them.
- People's views were sought by telephone, visits, three monthly spot checks and feedback questionnaires and surveys. The questionnaires and surveys showed that people and their relatives were very happy with the service. However, it was identified that staff were sometimes late even with a 15-minute start time window agreement in place. The management increased its monitoring of the analytical system that tagged logging in, for late arrivals and introduced a more targeted spot check approach. This resulted in improved time keeping, the management's opportunity to inform people if their care worker was running late and significant reduction in late calls.
- People, their relatives and staff said they had ample opportunities to give their views and they were received positively and used to improve the service provided. One relative said, "I am regularly invited to give feedback on care and this has been carried out positively and professionally. Any queries or concerns are quickly dealt with."
- The management team thoroughly analysed the findings of the annual feedback surveys carried out with both people and staff, creating and following action plans in response. We saw that people were contacted to discuss in more detail any suggestions they had made and to resolve any issues that had been raised. A relative said, "They [office staff] have been proactive in discussing any staffing issues and occasional behavioural issues with me by phone as I have indicated I am very happy to be contacted. They suggested after a week or two that they moved their visit time to later in the morning as mum is not an early riser. This worked better for her." Another relative told us, "As I am going away, I will be requesting they call in for an extra hour each day later in the afternoon. I have had preliminary discussions about this and they are very keen to maintain the same set of carers [care staff] for this too. I am hoping this can then continue on."
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly.
- The provider's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were staff meetings that covered priorities such as COVID-19 and PPE training including infection control, high-risk health conditions and risk assessments.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as district nurses, GPs and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The registered manager and senior staff were passionate about their aim to be continuously forward-thinking and focused on further improving people's care experience. They held regular quarterly senior management meetings to discuss and plan how to continually improve the service. The focus was on supporting staff and people using the service to feel that they were valued as part of the team. One aspect of this was to successfully work on projects that reintroduced community engagement, after restrictions during the COVID-19 lockdowns. This included a 'Bake off' baking competition for people who used the service

scheduled for June.

- The business development plan was reviewed six monthly and updated the various projects in terms of short, medium, and long-term delivery, and added new projects. Project prioritisation successfully developed a high-risk customer service focused on delivering person-centred care.
- The service managers carried out monthly area meetings with their coordinators, care supervisors and field care supervisors. During those meetings all people at high risk or with changing needs and staff who were new or not performing to expectations were discussed. This enabled recruitment and training needs to be quickly identified, and short and medium-term person-specific action planning enabled. This was on a local basis, mitigated risk and ensured an appropriate quality of care was maintained.
- The management team held regular meetings that considered a variety of areas centred on people's experiences and included reflection on the overall business strategy and lessons learnt. A relative told us, "I have needed to contact the coordinator with a few queries and requests and she has been very supportive and responsive each time. They arranged for mum's [care staff] to go in early one morning when she had an early hospital appointment, so she was ready to leave when I arrived to take her." A staff member said, "We are always looking to improve. It can be just little things but they can make a huge difference to people."
- The provider considered staff attitude, skills and knowledge fundamental to people having positive experiences of care. The provider had a philosophy of internal promotion and most senior staff had started as care staff. This enabled a teamwork ethic as the senior staff fully understood the challenges that care staff may face and provided the necessary support. Staff were recognised for their contribution towards accomplishing and exceeding targets. This included carer of the month. There was also a monthly carer worker newsletter that provided staff with information, feedback from people using the service, tips and benefits available to them such as shopping and gym discounts.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles and the importance of these. One staff member said, "They [registered manager and office team] are always responsive and give me very good support."
- The provider had a digital system that simply transitioned information, using a portal for people using the service, relatives and staff that provided secure 24-hour access to care notes, care plans, appointment times and any other information regarding care. Care and office staff also had access to appointment schedules, if tasks were completed on time, the duration of tasks and rotas. This ensured that people received the care and support they required when they required it and this minimised the possibility of missed calls. It also enabled staff to carry out their tasks in a timely way, they were very well prepared prior to entering people's homes and facilitated adjustments to people's care in real time. One person said, "I know who I'm getting and when." A relative told us, "I'm far better informed with this system."
- The registered manager and team coordinators were in regular contact with care staff to provide support. This enabled staff to provide people with the service that they needed. Staff welfare checks were carried out and there were regular staff meetings where any issues and other information was discussed. This included where staff were not able to attend calls, any tasks that were not completed and why. A staff member said, "They are always responsive and give me a very good support."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was

accomplishing or exceeding targets. Areas that required improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, medicine administration records, complaints and staff files. The staff files and data base contained recruitment, training, performance and development information. Any missed calls were also recorded on the system and analysed to prevent them being repeated.

- There was an annual quality assurance framework, that clearly set out actions required throughout the year to continuously assess, monitor and improve the quality of care. This included all areas of the service from health and safety matters and equipment checks to medicines audits and reviews of accidents and incidents. Although specific tasks were delegated to senior staff, the management team maintained oversight and overall responsibility.
- The provider identified areas for improvement to progress the quality of services people received, by working with them and health professional partners, to meet needs and priorities. The provider integrated feedback from organisations and used it to ensure the support provided was what people needed. This was with people's consent.
- If people had needs that were outside the remit of the provider they were signposted towards other organisations that could be of help to them, improve their quality of life and in some instances reduce social isolation such as the Wandsworth Access team, Age UK and Age UK Handy fix whose team carried out minor repairs, improvements or adaptations to enable people to maintain their independence, security and safety.
- The provider and staff were aware of how to make notifications to the CQC and when this was required. They made their current rating available on their website and there was a hard copy in the office.
- The provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager and office staff made themselves available to carer staff for support.