

Roch 2 Limited

Bluebird Care (East Hertfordshire)

Inspection report

Unit 16, Office A
Mead Business Centre, Mead Lane
Hertford
Hertfordshire
SG13 7BJ

Tel: 01920465697

Website: www.bluebirdcare.co.uk

Date of inspection visit:
28 February 2022
09 March 2022

Date of publication:
08 April 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bluebird Care (East Hertfordshire) is a domiciliary care service providing personal care and support to 87 people at the time of the inspection.

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 felt they were safe and most felt well supported by the service. Some people felt care could be more person centred. The interim manager acknowledged that more work was needed to ensure that all care plans reflected people's needs, choices and preferences. A plan was immediately put in place to address this.

People and relatives told us staff were kind and caring. Staff enjoyed working for the service and told us the culture was to ensure care was person centred.

Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were completed, and any actions needed were carried out. Staff supported people with their medicines, and this was monitored by a member of the management team. Staff knew how to report any concerns about a person's safety or welfare.

People told us staff did not miss visits, however, at times they were later than planned but they were informed. The provider had a system for monitoring visits for variation in arrival times and shorter visit times. An explanation was sought and recorded when this arose.

Staff received appropriate training for their role and people felt staff had good knowledge and skills. Staff felt well supported by the provider and management team. People told us staff assisted them with eating and drinking as needed. People were asked to give their consent for support and the principles of the Mental Capacity Act 2005 were followed.

People and relatives were asked for their views about the service. However, there were mixed views about how often feedback was sought and the effectiveness of action taken in response to issues being raised. Staff were also asked for their views and felt listened to. There were monitoring processes in place to help ensure a good standard of service and identify any shortfalls. Quality assurance systems identified any areas that needed further development. The manager who had applied to be registered was away from the service at the time of the inspection, the service was supported by an interim manager who had been working with the service for a number of months. They worked closely with the care supervisors and local authority to help ensure a good service for people.

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

Rating at last inspection

The rating at the last inspection (published 16 September 2021) was inadequate and there were multiple breaches of regulation. We issued the provider with a warning notice.

This service has been in Special Measures since 16 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Bluebird Care (East Hertfordshire)

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.

This was an inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission (CQC). Being registered with CQC means that the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was being supported by an interim manager in addition to the manager who had applied to be registered.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it was a remote inspection and we needed to be sure that the manager would be available to support the inspection.

Inspection activity started on 28 February 2022 and ended on 19 March 2022.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. 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 nine people who used the service and eight relatives about their experience of the care provided. We spoke with the interim manager and received feedback from six staff members. We had contact with the nominated individual, who had applied to be registered, through email prior to them going on leave. We reviewed a range of records. This included two people's care records and medication records. We looked at records relating to three staff files to check recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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.

At the last inspection this key question was rated as Inadequate. At this inspection we found that the rating has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection, the provider failed to ensure people were protected from the risk of financial abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and their relatives told us they felt safe receiving support from the service. One person told us, "I can talk to them (staff) if I am worried." A relative said, "I do feel they are safe with the care workers."
- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and knew how to report any concerns they had within the service or externally. Staff felt they could raise any concerns with the management team.
- The provider had monitoring systems in place to help ensure people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- At the last inspection, the provider failed to ensure people were protected from the risk of harm due to poor risk management, poor infection control and unsafe medicines practice. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice.

Enough improvement had been made at this inspection and the provider had met the requirements of the warning notice we previously served. The provider was no longer in breach of regulation 12.

- People and relatives told us they felt staff worked safely.
- People's individual risks were assessed and reviewed. This included level of risk and what should be done to reduce risks such as being aware of symptoms of a health condition and what to do if these are present. Reviews and updates were completed when needed, for example if there was a change to a person's mobility or an increase in falls. There was oversight of events and incidents and appropriate action was taken when needed.
- Staff told us that the management team regularly checked they were working safely. This was usually carried out by a care supervisor.

Using medicines safely

- Staff were trained to support people with their medicines safely. The management team ensured staff completed competency assessments and additional training if needed.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed. However, one relative told us that staff did not support their relative in the way they needed. We reviewed the person's care plan and found instruction was not clear. We raised this with the interim manager to address.
- The management team carried out spot checks and audits to help ensure medicines were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control. The provider ensured they followed current national infection prevention and control guidance. People told us that staff used their personal protective equipment (PPE).
- Staff told us they had access to a good supply of PPE. They were clear on what was needed to promote good infection prevention and control. The management team carried out spot checks to ensure staff were using PPE correctly.
- There was some confusion from people and relatives relating to the disposal of PPE after staff left a property. The interim manager and staff said that PPE was disposed of when they had left a person's house. There were outside property observations of staff from a member of the management team to help ensure staff disposed of PPE safely.

Staffing and recruitment

At the last inspection there were not enough staff to ensure people's needs were met safely and at the agreed time. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives told there were enough staff available to meet their needs. People and relatives told us there had not been any missed care calls. One person said, "Time keeping is much better now. If you had asked me six months ago it would have been a different response. There has been a definite improvement now, they are never late now."
- Records showed that at times staff were late to calls. Staff and the interim manager told us this was mainly due to roadworks in the area. One staff member said, "The problem is the roadworks, there are enough staff in my opinion." We reviewed the analysis of visit logs and saw that where visits were late or shorter than planned, an explanation was recorded.
- The service had suffered staffing losses due to the changes in relation to vaccination as a condition of deployment. As a result, they had not taken on new care packages unless they had staff available to manage the additional care hours. The interim manager worked closely with the local authority to ensure they could cover care visits. This did raise issues at times with the gender of care staff supporting a person where they had a preference. However, the provider tried to ensure that this need was met when it was possible.
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people. The recruitment process also checked to ensure staff were able to communicate safely and effectively and also ensured they could read as required.

Learning lessons when things go wrong

- The provider had systems to help ensure learning from events, incidents and accidents. As a result of the last inspection findings, they implemented a robust system for reviewing late visits and reviewed the management of the service. They were also in regular contact with professionals they worked with to see what they could do better after an incident.
- The learning from these events was shared with staff during training, meetings and newsletters.

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 Requires Improvement. At this inspection we found that the rating has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

- At the last inspection, staff had not received appropriate training and support to enable them to carry out the duties they were employed to do. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

Staff support: induction, training, skills and experience

- People and their relatives told us they felt most staff were trained and knowledgeable for their role. One relative felt the staff were all well trained because, "Well, they do it all so professionally." Some people and relatives commented that there was at times a language barrier which hindered them. One relative said some staff were "a bit rusty" when using the hoist.
- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. There was also need specific training such as how to support people who had diabetes. However, we did note that three staff supporting people who had diabetes had not received diabetes training. The interim manager told us two of these staff had since left the business and the third staff member was new and due to complete it.
- Staff received regular supervision and competency checks to help ensure that they had a clear understanding of their role and they worked in the required way. Staff told us they felt very well supported. One staff member said, "I feel I had a good amount of support and training. I have had regular supervisions when I have been at customer's homes and been watched whilst I have been given medication and hoisting customers."
- New staff had an induction. One staff member said, "I joined Bluebird and was put on induction training for five full days in the office which helped me carry out the role, my supervisor came to check on me at a few of my customers home and meets with me monthly."

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

- At the last inspection people's assessed needs were not met safely and effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice.

Enough improvement had been made at this inspection and the provider had met the requirements of the warning notice we previously served. The provider was no longer in breach of regulation 12

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People and their relatives told us they felt the service was well prepared to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet, Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives said staff supported them when needed with eating and drinking.
- People's dietary needs and preferences were documented in their care plans and staff knew how to support people safely and appropriately.
- Staff supported people to access health or social care professionals as needed.
- Staff all knew what to do if a person became unwell or needed additional support. One staff member said, "There are a number of options after mentioning it to them, check their medical history, let the office know to inform the contact we have on file, call 111, call 999." Another staff member said, "If I was concerned immediately I would call the emergency services and let the office know straight away. I have called the office in emergency situations and the supervisor has come out and helped me."

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.

- People and relatives told us that staff always asked for consent when supporting them. There was a record of consent within people's care plan in relation to receiving care.
- People had mental capacity assessments completed when needed. Where relatives had power of attorney, a copy of this was sought by the provider to ensure they had the appropriate authority to make decisions.
- Staff received training in the Mental Capacity Act and knew how to put this into practice. One staff member said, "All but one of my customers have mental capacity so I follow the guidance to keep them informed about what I am doing at the care visit, why and get their consent."

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 we found that the rating 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

- People and their relatives told us that staff always treated people well and they felt respected. One person told us, "The care workers do a fantastic job, they are lovely people." A relative told us, "[Staff member name], lovely care worker is starting to gain my [person's] trust. They are lovely people, [person] really likes them, they love to chat with them."
- Staff told us they were encouraged to get to know people and what was important to them. One staff member said, "We are provided access to the Pass System where information regarding customers, their choices and preferences are there to be observed. This is also documented on our care visit notes. Yes, I do believe that care is person centred and every individual has their own requirements."

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 decisions about their care. One person said, "Yes I am involved in planning my care."
- People's care plans included a record of people's involvement, preferences and choices.
- Staff told us they checked people's care plans to get to know them and become aware of their choices and lifestyles.

Respecting and promoting people's privacy, dignity and independence

- People said that staff promoted people's privacy, dignity and independence.
- Feedback from staff about people they supported, and their role, was respectful and spoke about how their role promoted people's dignity.

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 Requires Improvement. At this inspection we found that the rating has remained Requires Improvement. This meant people's needs were not always met.

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

- Some people and relatives did raise some points that things could be done better. One relative of a person living with dementia said, "I think what probably happens is [person] can be adamant to the staff that they have just had a shower that morning, or yesterday afternoon and they accept what they say. They very probably offer [person] breakfast and they will refuse saying they have just eaten. They just need to encourage [person], jolly them along a bit but they don't. I thought the staff would know how to deal with a person with this type of thing."
- There were some concerns raised by people and relatives relating to proactive care and delivering care in accordance with a person's needs or preferences and relative's guidance. In addition, some people were frustrated that a request for a specific gender of staff was not always adhered to.
- We discussed these concerns with the interim manager who was aware of the points raised. They told us that they would develop a plan for each person with their, and their relatives, input to help ensure people's needs were met in a way that promoted choice and listening to people. They said it would also identify risks in relation to these choices. The plans would also advise on action needed. A written account of action being taken was provided to us.
- In relation to preferred gender of staff supporting people, the interim manager told us they always tried to accommodate this and did not take on new packages with a preference if unable to do so. However, preferences of people already receiving support at times could not be met when their preference had changed but they tried to send at least one of the preferred gender for personal care calls.
- Some people and their relatives said they were happy with the care they received and felt they were supported in their chosen way. A relative said, "We are very happy, they are very, very good with [Peron]. They can get a bit stroppy; [person] doesn't want to have a shower. They coax them gently; they have a really good way with [person]." One staff member told us, "I do feel that the care is person centred and the care plan helps me to offer choice and understand the customer." Another staff member said, "I talk to my clients continually always asking whether what I am doing is correct or whether they are comfortable with me doing it. I also listen to my clients, if they are expressed certain points related to their care then I will incorporate that into the care plan."
- Care plans were detailed and gave clear information to staff so they could support people safely and appropriately. These plans and care notes were accessible through an electronic system. One person said, "I am involved in planning my care and I have a care plan here (at their home)."

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.

- When care plans were developed at the start of supporting a person, they discussed any specific need or preference in which they communicated. The service was able to provide all relevant documentation in large print, braille, easy-read format or the person's preferred language as needed.
- The interim manager told us that some people were unable to communicate verbally. For some there were flash cards and for another they were exploring an electronic tool which gives a person symbols to aid communication. They told us, "At the point of assessment a plan is made on how a person communicates, a plan is put in place, we may link with the speech and language team." They stated that planning the right questions was key to the initial assessment.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would be confident to make a complaint if they needed to. One relative said, "We have no complaints at all." However, two people and two relatives felt that complaints were not always resolved. We noted that there were no records of the points they raised on the complaints log which indicated they had not been escalated to the management team from care supervisors. Where complaints had been escalated, we saw that there was a robust investigation and action points as needed. We discussed with the interim manager the need to ensure information received by care staff and supervisors was received by the manager.
- The provider had a system in place to record and monitor complaints. This helped them identify any reoccurring issues so they could be resolved.

End of life care and support

- At times the staff team supported people at the end of their life. Staff engaged with visiting healthcare professionals to ensure their needs were met. Staff were trained and supported so they knew how to support people at the end of their life.

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 Inadequate. At this inspection we found that the rating has improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

- At the last inspection, there was an absence of effective management and leadership to ensure the provider had oversight of the quality and safety of the service. The provider and registered manager could not demonstrate how they evaluated and reviewed the service in order to make improvements or continually learn and improve the service. We also found that there was ineffective engagement with people and staff. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and they were no longer in breach of regulation 17.

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

- People and their relatives gave mixed views about how the service engaged with them and whether their views were listened to. One person told us at the beginning they had lots of different care workers and they never knew who was coming. Now they had a schedule sent in advance each week, so they knew which care worker was coming each day. However, some people and relatives felt that the points they raised were not addressed. We discussed these with the interim manager, and we have reported on this in the Responsive key question.
- People's feedback was sought through surveys and quality assurance calls or visits with the management team. The feedback was collated so any actions could be developed. Some people and their relatives told us they were not sure of how the quality of the service was assessed by the provider. The interim manager told us that they would communicate the process more clearly to people and their relatives, so they were aware the quality assurance process was ongoing.
- Staff feedback was sought through meetings and observed practice sessions with a member of the management team. Staff were positive about the service and the management team. One staff member said, "Bluebird is very good company and enjoy working here. Manager is very good also and we speak always. They always keep me updated with new laws and email me."

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

- People and relatives said the interim manager was approachable, friendly and accommodating. One relative said, "The management have always been very cooperative, they sort things out for me when I ask."
- Feedback about the culture and approach of the service was mixed. Some felt that the management team

were helpful and supportive, but others were frustrated at the lack of changes following issues raised. We found that many of the issues raised had an action in place or the interim manager was aware of them. In many cases where this occurred, staff were retrained and supervised and if needed any points were reported to the required external agency. However more development was needed to ensure the required approach was embedded in all areas.

- Staff told us the service had a person-centred approach and they enjoyed working for Bluebird Care. A staff member told us, "I think it is a really good service and that people are happier now. I think that (interim manager) and the office are really helpful and always make time for customers and carers. The customers and carers are so much happier now. I hope the next manager is as helpful."

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

- At the last inspection we issued the provider with a warning notice for Regulation 12 due to the risks to people's safety and welfare. We found the provider had met the requirements of the warning notice and addressed the safety concerns we had previously.

- The management team understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the management team welcomed their honesty.

- The management team shared information with people and relatives relating to the running of the service and any challenges to help keep them informed and to be open and honest. The interim manager told us they were going to develop this further to ensure the information reached all people and relatives.

- The management team had been through changes and there was due to be a new manager starting. At the time of the inspection the provider was registering to be manager as they had been recruiting for a permanent manager. While improvements were being implemented, the service was supported by interim manager and the newly recruited manager was starting to be involved in the service, adding to their own development plan. However, we needed to be assured that the ongoing improvements would be maintained with the upcoming changes as the interim manager became less involved.

- The interim manager provided guidance and support for staff. Staff told us that they found the management team approachable and knowledgeable. One staff member said, "I think things have been so much better. I feel supported and listened to. We can all speak to [interim manager] if we need anything, they make me feel that my views matter and they understand that I know the customers very well. [Interim manager] always passes on praise from people and families."

- There were audits across all key areas of the service. For example, accidents and incidents, visit logs, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.

- The management team were looking for ways to further improve the service. They were planning additional training for staff to help build their knowledge and skills. There were plans to implement specific teams for key areas, such as supporting people living with dementia. Staff were to complete dementia champion training with a local care provider's association.

- The interim manager sought feedback from professionals they worked with to see what they could do better. We also found that they welcomed the feedback from this inspection and implemented a plan to address areas that needed further development.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. For example, they worked closely with the local authority to manage care packages due to the challenges relating to staff vaccination and local roadworks. The interim manager was also in contact with the highways agency to keep up to speed with roadworks in the area and to agree for the workers to let care staff through. They told us, "This doesn't always work but I am trying all ways to ensure care visits are not late."
- The provider worked with a local care providers association to help ensure knowledge was up to date, provide training with staff and use the impartial survey service.