

WA & S Associates Ltd

Bluebird Care (Northumberland South)

Inspection report

Unit 30
Apex Business Village, Annitsford
Cramlington
Northumberland
NE23 7BF

Tel: 01912502244

Date of inspection visit:
22 March 2023

Date of publication:
11 August 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bluebird Care (Northumberland South) is a domiciliary care agency providing personal care to people in their homes. 58 people were receiving personal care at the time of the inspection.

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

The needs of people had been assessed before they joined the service and this was regularly reviewed, involving people in decisions about their care. The provider had also taken steps to ensure there was sufficient staffing so that people received care from the same staff that they knew.

When things went wrong people were told and the registered manager understood their responsibilities. They had taken steps to receive feedback from people who used the service so that care could be improved. Joined up working, alongside other healthcare professionals, also took place to find good outcomes for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Rating at last inspection

The last rating for this service was good (report published 5 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Northumberland South)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team included 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 March 2023 and ended on 27 March 2023. We visited the location's office on 22 March 2023.

What we did before the inspection

We reviewed information we already held about the service including the Provider Information Return (PIR).

The provider completed a PIR prior to this inspection in October 2022. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 5 members of staff. This included the registered manager, the nominated individual, a senior carer and 2 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with 6 people who used the service and 3 of their relatives. We tried to make contact with 17 people, but not everyone was available to answer the phone to speak with us.

During our visit we looked at care records, staff recruitment records and the policies and procedures used by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to promote the reporting of safeguarding concerns. Managers told us that staff had been in receipt of safeguarding training, and they had an open-door policy to report any safeguarding concerns.
- The provider's whistleblowing policy was displayed, and staff told us safeguarding matters were discussed as an agenda item in team meetings.
- Staff were trained in how to raise a safeguarding concern. All three care assistants we spoke with knew how to raise safeguarding concerns. One member of staff told us the provider had an app to report safeguarding and managers made spot checks. Another staff member said, "Bluebird are an excellent company for updating and refreshing training."

Assessing risk, safety monitoring and management

- People's needs were assessed by staff and assessed for risk at the start of their care. In care plans we reviewed during the inspection, we saw people had hospital passports in place and specific risk assessments. For example, where people were at risk of falls, this information was included.
- Risk assessments were in place to promote positive risk taking. The registered manager told us people were given choices to promote their independence. Care plans reflected people's individual needs and their preferences were recorded about how they wished to receive their care and support.
- Risks and concerns from staff were monitored and escalated where appropriate. A carer we spoke with said, "I would be able to raise anything with the manager, and I know that something would be done."

Staffing and recruitment

- The provider ensured there were enough staff in place to meet the needs of the people who used the service. The provider employed 31 staff and the provider information return showed that most staff had completed the care certificate. The registered manager told us that continuity of care was important to the service, and one person using the service told us, "There is always the regular one. They don't let staff turn up, not a complete stranger." The provider had an induction process in place, which included a 12-week review for newly employed staff.
- The provider carried out safe recruitment checks including checks from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager made use of an internal staffing planning tool to ensure that staffing levels were safe.

Using medicines safely

- Staff gave support to people to take their medicines safely.
- The provider had an up-to-date medicines policy.
- Senior carers completed monthly medication checks with everyone using the service. The registered manager told us that medicines matters newsletters were circulated to staff to support learning and manage risks.
- The provider had an electronic records system which recorded and analysed medication errors so that a lessons learnt process could be initiated. No medication errors were reported at the time of the Provider Information Return (PIR) in October 2022.

Preventing and controlling infection

- Staff said they had received training in infection control and use of PPE as part of their inductions. They said managers were supportive in checking that they had adequate PPE and that they completed daily lateral flow testing. All service users and relatives we spoke with told us that staff wore appropriate PPE, one person said, "[They] always have a mask on when they come in."
- The provider had an up-to-date infection control policy in place.

Learning lessons when things go wrong

- Incidents that took place were reported to and evaluated by the registered manager to monitor risk.
- Supervisions and spot checks were put in place following complaints, so that future learning could be identified.
- Learning from incidents were shared in meetings. The registered manager also told us, "When something goes wrong, I have a chat with the team and updates are shared via e-mail or shared at appraisals."

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had taken steps to create a positive environment which encouraged transparency. Staff we spoke with said managers were supportive and approachable.
- Staff were knowledgeable about the vision and values of the service.

CQC had received some whistleblowing concerns from staff employed by the service in the last 12 months. These included allegations of a culture of bullying within the service. However, during our visit and whilst speaking with existing staff we were not able to find evidence of this and were given reassurances by the management team.

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 understood their legal responsibilities under the duty of candour.
- There was an up-to-date duty of candour policy in place.

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

- The registered manager carried out a range of quality checks to ensure that standards of care were being met. This included regular spot checks, falls audits and medication audits.
- Alternative management arrangements were in place to ensure that regulatory requirements would be met at times when the registered manager was away from the service.
- A business continuity plan was in place to cover emergencies that may arise, as well as risk assessments for various levels of extreme weather. The registered manager described that they monitor risks such as weather conditions and informed people using the service and their relatives if staff might be late. They told us that senior staff were also available to cover in emergencies.

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

- Management had involved people in decisions about the care they received and sought feedback from them. The registered manager told us that they sent out an annual provider survey for feedback.
- People who used the service and their relatives were involved in reviews about their care. The registered manager told us, that with appropriate consent, relatives could access the care notes of their relatives.

The service ensured that people's individual needs were met in line with their protected characteristics. The registered manager told us for example about how planned times for care calls had been amended to ensure it did not interfere with family celebrations.

Continuous learning and improving care

- The service had not reported any serious incidents in the previous 12 months.
- Staff told us that learning from things that went wrong was shared with staff via email and in team meetings.
- The provider had used surveys to capture feedback both from people who used the service and those who worked there.
- The registered manager said following a recent focus on oral health, enhancements in service delivery had been seen. The service had brought in an external trainer and senior staff were now completing oral health assessments.

Working in partnership with others

- Staff worked with the local authority and alongside healthcare professionals to meet people's needs. The registered manager said they liaised with health professionals such as occupational therapists, district nurses and physiotherapists.
- The provider attended forums with other providers to seek the best outcomes for those that used the service.