

Westborough Projects Ltd

Bluebird Care (Teignbridge)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bluebird Care (Teignbridge) is a domiciliary care agency that was providing personal care to people in their own homes in Newton Abbot and the surrounding areas. At the time of our inspection 46 people were receiving support with personal care. 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

There had been significant changes in the senior leadership and office teams over the months leading up to this inspection. This had, at times, led to confusion about staff roles and responsibilities. The registered manager covered scheduling, supervisory and care roles, leaving management time limited. There was limited oversight of quality performance. Care and medicines records had not been audited and there was no analysis of complaints records to identify themes and trends. There was no formal provider oversight in place, although the registered manager told us the provider was supportive.

We received mixed feedback about the culture of the service. Some staff and some people's families did not feel the service was led in an open and honest way. Staff were tired after working through the pandemic and felt the quality of the service and leadership had declined. One staff member said, "It's a different company now than when I started working for them six years ago. Because of Covid, a lot of things changed." Staff recognised that it had been an exceptionally challenging period. One told us that the registered manager, "Is trying their best at this very challenging time."

Recruitment systems were not operated effectively, and staff files did not contain the information required to demonstrate staff had been recruited safely. New staff did not always complete the required shadow shifts to ensure they had the skills and experience needed to meet people's needs when working independently. Following the inspection, the registered manager told us they had appointed a member of staff to oversee recruitment, and that they were working through the staff files to ensure all the required documentation was obtained.

The service had experienced difficulties recruiting new staff and had experienced a high level of sickness. This had resulted in a shortage of staff and an inability to meet some people's care needs. They had asked the local authority to find alternative providers for some people. Staff told us they had been short staffed, and people told us this had meant visits had been at different times, late or cancelled. They didn't always know which carer would be supporting them. One person said, "I used to know who was coming and have a rota, but that doesn't happen now." A staff member said, "It's been difficult, but we do the best we can."

Systems were in place to safeguard people from abuse; however, action was not always taken in line with the providers policy or best practice. Concerns raised were not shared with the Local Authority safeguarding adults board in an open or timely way.

People were supported to receive their medicines safely. Staff had been trained to administer medicines and had been assessed as competent to do so. Staff reported any medicine errors or issues and when a staff member had made a mistake, they completed an additional training session. The service worked with the person, their family and pharmacist to resolve any issues relating to their medicines.

Individual and environmental risks were assessed, and measures were in place to control the spread of infection. People and their families told us they felt safe. One person said, "I feel very safe with the girls when they are in my home and they are well trained and very good." A family member told us, "My husband is safe with the carers."

Staff made efforts to engage and socialise with people during their care visits and people were positive about the staff who supported them. One person told us, "They are very good companions, and very chatty." A family member told us, "They go over and above what you would expect and spend a substantial amount of time with Mum to support her." Care plans contained specific information to help staff support people in the way they preferred, and people and their families told us their individual needs were met. People knew how to raise concerns or make complaints. One person told us, "I have the office number, so I know who to contact if I need to."

The service worked with other health professionals where appropriate. One health professional told us "care staff were "very professional and caring", another said, "I have worked with them for many years with no concerns. The last 18 months have been very challenging for everybody." People told us they were happy with their care and feedback, both positive and negative, was recorded and acted upon.

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

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

Rating at last inspection

The last rating for this service was Good (25 September 2019).

Why we inspected

We received concerns in relation to staff recruitment and induction, staffing levels and the management of the service.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from 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 from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Bluebird Care (Teignbridge) on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff recruitment and induction, safeguarding and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Bluebird Care (Teignbridge)

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

The inspection was carried out by one inspector, an assistant 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 homes.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received since the last inspection, and asked health professionals for feedback. 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 of this information to plan our inspection.

During the inspection

We visited the office and reviewed a range of records, including three recruitment files, scheduling records, induction and supervision records. We spoke with the registered manager and four members of office staff. We spoke with 13 care staff, seven people who use the service and four people's family members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from three health professionals.



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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment systems were not operated effectively, and staff did not always have the experience required to meet people's needs.
- Staff files did not contain the information required to ensure staff were recruited safely. For example, two staff members had previously worked in health and social care but there were no references from their previous employers. Gaps in employment history were not identified or explored and interviews were not documented.
- One member of staff began working independently prior to their full DBS check being received. The DBS checks people's criminal history and their suitability to work with vulnerable people. The registered manager told us they knew the staff member personally, and felt the risk was low.
- New staff were expected to complete three 'shadow' shifts working with an experienced member of staff as part of their probation period. A record of their performance during these shifts should have been kept by the experienced staff member, to demonstrate their competency before they worked independently. These records had not always been completed.
- One record showed that a new staff member's first shadow shift had not been very successful, and the person they supported did not want them to return. Their family member made a formal complaint the following day. Records showed the staff member did not complete any further shadow shifts and worked independently the day after the complaint was made.
- A second new staff member completed one shadow shift, which was not documented, and worked independently the following day. A third member of staff, who had no previous experience in adult social care, worked one shadow shift before working independently.
- One person made a complaint about a new member of staff. They did not feel they were confident operating the electronic care records, or able to complete the tasks required within an appropriate time. The complaints log stated "Monitor [name] as they are going out solo and still learning how to use [the electronic care system]. [Name] is very new to the field and is learning as they go."
- Staff told us they didn't always complete their shadow shifts. One said, "I think I had one or two shadow shifts but then they really needed me to work."

Recruitment procedures were not operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the register manager told us they had appointed a member of staff to oversee recruitment, and that they were working through the staff files to ensure all the required documentation was obtained.

- The service had experienced difficulties recruiting new staff and had experienced a high level of sickness. This had resulted in a shortage of staff and an inability to meet some people's care needs. They had asked the local authority to find alternative providers for these people.
- One staff member said, "We just don't seem to have any staff at all." A second said, "It's been very difficult, we are short staffed."
- People told us that staffing levels had impacted on the care they receive, and they did not always know which care staff would be supporting them. One person said, "Sometimes people don't turn up for work. They let me know if they will be late or they have to cancel that visit." Another person told us, "I used to know who was coming and have a rota, but that doesn't happen now." And a third said, "Things are a bit cock-eyed at the moment as I am never sure who will be coming."
- Staff told us that despite these issues, they worked hard to make sure people had their full visit times and people's needs were met. One staff member said, "I'm never cutting visits short, it does sometimes mean I run late." Another said, "It's been difficult, but we do the best we can." A third told us "If I'm late I still stay the full time." And a fourth said, "I regularly work more than my contracted hours to ensure care is provided."
- Efforts were being made to recruit more staff. The registered manager told us they had three new staff about to start and, "It feels like we've turned a corner."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse; however, action was not always taken in line with the providers policy or best practice.
- A member of care staff had reported an allegation of abuse by email. The providers policy states that any allegations of abuse should be reported to the Local Authority adult safeguarding team 'immediately, or within four hours.' The registered manager did not report the allegation of abuse to the adult safeguarding team and instead investigated the allegations themselves. No contact was made with the adult safeguarding team until nine days after the concerns were raised and CQC were not notified of the allegation.

Systems were not operated effectively to prevent the abuse of service users. 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.

- Staff had received safeguarding training and told us they felt comfortable raising concerns.

Using medicines safely; Learning lessons when things go wrong

- People were supported to receive their medicines safely.
- Staff had been trained to administer medicines and had been assessed as competent to do so.
- Staff reported any medicine errors or issues. When a staff member had made a mistake, they had been required to complete an additional training session.
- Where staff identified issues with the prescription or supply of people's medicines, they worked with the person, their family and pharmacist to resolve it.
- One person's family member told us their loved one needed support to monitor when they needed more or less of a specific medicine. They told us, "They do this well and will inform the other carers if she needs more."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Individual and environmental risks were assessed, and measures were in place to control the spread of infection.
- People were assessed for individual risks, such as the risk of falls, and their assessment contained

information to tell staff how to minimise those risks.

- Risks to staff were also assessed and guidance given as to how they could keep themselves safe, for example through a lone worker risk assessment.
- People and their families told us they felt safe. One person said, "I feel very safe with the girls when they are in my home." A family member told us, "My husband is safe with the carers."
- Staff had completed infection control training and the service had sufficient supplies of personal protective equipment.

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 outstanding. At this inspection this key question has now deteriorated to good. This meant people's needs were met through good organisation and delivery.

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 made efforts to engage and socialise with people during their care visits.
- At the time of our last inspection, the service employed a wellbeing ambassador. Their role was to visit people and identify ways to improve their wellbeing and reduce social isolation. This role had not continued; however, the registered manager was hoping this would resume soon.
- Staffing levels had impacted on staff's ability to spend additional time with people, and changing visit times had impacted on some people's plans for the day. For example, one staff member told us, "My customers say we can't do anything, we don't know when you're coming."
- People were positive about the staff who supported them. One person told us, "They are very good companions, and very chatty." A family member told us, "They go over and above what you would expect and spend a substantial amount of time with Mum to support her."
- Staff went out of their way to support people when they were able to. For example, one staff member took a person's washing home when they were unable to find a laundry company, another made three trips to the shops to ensure the person had a suitable pair of slippers.
- One person's family member told us their loved one was particularly well supported, they told us, "They have sessions to keep her active and this enables Mum to get out of the house and enjoy things like going to the shops."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care and support plans in place which reflected their individual needs and preferences.
- Care plans contained specific information to help staff support people in the way they preferred. For example, one person's care plan said, "I really like the company and tend to eat better if someone eats with me. I mimic people which helps me to have a good meal. I love to chat while having my meals."
- One staff member told us that where people use equipment that might be unique to them, or that care staff may not have come across before, links to internet videos to guide staff were included in people's care plans.
- People and their families told us their individual needs were met. One person said, "The care and the way we are looked after is wonderful. Much, much better than we could have ever wished for."
- People were supported at the end of their life and the service worked with other health professionals where appropriate. The service had plans to work with a local funeral director to enhance staff training.

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.

- People's care plans contained information about how staff should communicate with them. This included, for example, whether they were able to communicate on the telephone and whether direct contact should be made with them in case of a late visit, or with a family member.
- One person's care plan contained good detail about how to communicate with them, and the types of language that staff had found led to the best outcomes for the person. For example, using positive statements rather than questions requiring an answer.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or make complaints.
- One person told us, "I have the office number, so I know who to contact if I need to."
- Complaints were recorded, and action was taken to resolve them in line with the providers complaints policy.

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 now deteriorated 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.

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

- Senior staff were not clear about their roles and responsibilities, and there was limited oversight of quality performance.
- There were no systems in place to audit care or medicines records. Missed 'tasks' were reviewed and monitored by a member of staff, however there was no analysis of themes or trends.
- Complaints were logged and reviewed by the registered manager, however, there was no analysis of themes and trends to drive improvement.
- The registered manager told us the provider was supportive and they spoke regularly, however, there was no formal oversight or checks in place.
- A member of staff had identified improvements were required to recruitment systems through audits of staff files completed in April and August 2021. They had also identified that not all new staff were completing the required shadow shifts. No action had been taken to address it.
- There had been significant changes in the senior leadership and office teams over the months leading up to this inspection. This had, at times, led to confusion about who was responsible for what and the registered manager had had to cover scheduling, supervisory and care roles leaving management time limited.

Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recognised that systems that had previously been in place had not been maintained. They had recently asked a representative of the Bluebird head office to undertake an audit of the service. This had identified some, but not all, of the concerns identified during this inspection.
- The registered manager told us that whilst they had not been completing formal audits and analysis, they did review information. They told us, "My biggest downfall is the evidencing."

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

- We received mixed feedback about the culture of the service.
- Some staff and some people's families did not feel the service was led in an open and honest way. For

example, one person's family member told us they had made an agreement regarding a visit, however, the expected staff member did not arrive. When they spoke with the office, they were told it had never been agreed, when they were certain it had been.

- A staff member told us that managers encouraged them to raise concerns but did not always act on it. They said, "You have the conversation, but you don't see that reflected [afterwards]."
- Staff were tired after working through the pandemic and felt the quality of the service and leadership had declined. One staff member said, "It's a different company now than when I started working for them six years ago. Because of Covid, a lot of things changed. I am a loyal person, but I think I'm loyal to my customers, not necessarily to the company."
- Staff recognised that it had been an exceptionally challenging period. One told us that the registered manager, "Is trying their best at this very challenging time. Some people have let them down and not completed work that they said they had done, leaving them to pick up the pieces. The whole team are supporting them to turn things around."
- Schemes were in place to recognise and reward staff, this included incentive schemes and financial rewards when staff picked up extra care hours and thank you gifts. One staff member said "Bluebird is like a massive family. It is genuinely a lovely place to work we all look out for each other."
- Most staff members praised the registered manager for their support, particularly around staff's mental health needs. Comments included, "They always try and help people out if there's a problem." "I feel really supported." "[The registered manager] has been great, I was signed off work [unwell], she was brilliant and checked in with me."

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; Working in partnership with others

- Information was not always shared openly. For example, the registered manager sought advice from the Local Authority safeguarding adults' team at the suggestion of CQC. They did not fully disclose the original concerns to them, however, which affected the team's initial response to the information.
- The registered manager did not notify CQC when an allegation of abuse was made.
- The service worked with other health professionals where appropriate and were responsive and "accommodating, very willing to help if they can." One health professional told us care staff were "very professional and caring."
- A second health professional told us "I have worked with them for many years with no concerns. The last 18 months have been very challenging for everybody."
- One person's family member told us, "They co-ordinate with the district nurses and co-ordinate her care needs well by having good communication between the other carers, myself and the office."

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

- People told us they were happy with their care and feedback, both positive and negative, was recorded and acted upon.
- One person told us, "The manager has been out to see me to check all is well." Another person said, "They come from the office and review my care plan."
- The service was a visible part of the local community and actively supported and promoted two local mental health charities. Each year they donate a £250 'community grant' to a local charity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not operated effectively to prevent the abuse of service users. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the service. |
| Regulated activity | Regulation |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively. |