

Eni Gates Limited

# Bluebird Care (Hounslow & Chiswick)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Hounslow & Chiswick) is a care agency providing care and support to people living in their own homes.

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.

At the time of the inspection 35 older people were receiving support with personal care.

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

Medicines were not always managed in a safe way. The provider had not ensured staff were skilled, trained or competent when supporting people with medicines. The staff did not always record whether they had administered medicines and the provider's systems for checking this had not been effectively operated.

The provider had assessed most risks relating to people's safety and wellbeing. However, this was not the case for one person and therefore there was not enough information for staff about how to mitigate risks and keep the person safe.

The staff had not always undertaken the training needed for their roles and the provider did not carry out enough checks to make sure they were suitable and competent.

The provider's systems for monitoring and improving quality were not always effectively operated.

People were happy with the care they received. They liked their regular care workers and had good relationships with them. People were involved in planning their own care and were able to make choices about this.

Care plans were detailed and gave staff the information they needed to support people with personalised care.

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](http://www.cqc.org.uk)

### Rating at last inspection and update

This is the first inspection of the service since it was registered with us on 5 November 2021.

### Why we inspected

We carried out this inspection based on the date of registration.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, good governance and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bluebird Care (Hounslow & Chiswick)

## **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 was conducted by one inspector. An Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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 the registered manager was leaving the organisation. The provider was advertising for a new manager. In the meantime, the managing director of the company was undertaking the role of managing the service.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 December 2022 and ended on 6 December 2022. We visited the location's office on 6 December 2022.

### What we did before the inspection

We looked at all the information we held about the provider, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with 1 person who used the service and the relatives of 8 other people. We received written feedback from 6 members of staff. We met the managing director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met other senior staff working in the office.

We looked at the care records for 6 people who used the service and 6 staff recruitment, training and support records. We looked at other records the provider used for managing the service.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Using medicines safely

- Medicines were not always managed in a safe way.
- Staff who were administering medicines had not always completed training to understand how to do this safely. Additionally, the provider had not always assessed staff knowledge, skills and competencies regarding medicines management.
- The staff were supposed to record administration of medicines, including any reasons for non-administration. The staff did not always do this, and they had failed to record any details about whether they had administered medicines as prescribed or not.
- The provider had not undertaken any audits of medicines management and therefore had not identified gaps in records or where improvements were needed. The electronic system for recording medicines administration created alerts when the documents had not been completed. However, the provider had not responded to these alerts which remained unresolved. Therefore, they could not be sure people had received their medicines safely and as prescribed.

Failure to manage medicines in a safe way was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out risk assessments regarding people's medicines. They had also recorded details about why people were prescribed specific medicines and any warnings relating to these, such as side effects.
- There was clear information about prescribed topical creams, including where, how and why these needed to be applied to people's skin.
- Following our inspection, the managing director told us they started to complete medicines competency assessments for staff.

### Assessing risk, safety monitoring and management

- The provider had not always assessed, monitored or mitigated risks to people's safety and wellbeing. Not all staff had received training to understand how to safely move people or how to safely use the equipment needed for this. Some of these untrained staff had supported people using hoists and other equipment. The provider had not always assessed their skills and competencies when safely moving people. This meant people were placed at risk because untrained staff were supporting them.
- There were no assessments of the risks and how to safely manage these for one person who had been using the service for almost a month. This person was supported to move using a hoist and other equipment. They were at risk of damage to their skin through pressure areas and they took several different

medicines. The provider had not completed any assessments of these risks or recorded their medical history. This meant the provider could not be assured that risks were being monitored and mitigated.

We found no evidence people were being harmed. However, failure to assess, monitor and mitigate risks was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For most people, the provider had assessed and planned for the risks to their safety and wellbeing. The assessments considered people's skills and helping them to remain independent where they were able. They had assessed risks relating to people's health, individual needs and their home environment. Assessments included plans to help reduce the risks to people's safety.
- Following our feedback at the end of our visit, the managing director told us they developed a risk assessment about how to safely move the person who had started using the service the previous month.

#### Staffing and recruitment

- The provider did not always follow their own procedures when making checks on staff suitability to be employed. We looked at a selection of staff recruitment records. For one member of staff the provider had not obtained the correct information about their right to work in the United Kingdom. For another member of staff there was only one reference and the provider had failed to obtain references from their work with other care providers. We discussed these with the provider who agreed to take action to address these issues.
- The provider had systems for carrying out checks on staff suitability during recruitment and in most cases, this had been followed. However, they had not always ensured regular checks on the staff as part of their inductions. For example, some staff did not have the necessary training, observations or checks on their competencies before they started providing care to people.
- There were enough staff to care for people and meet their needs. The provider used a rostering system to help make sure people received care from the same staff when possible. We saw new members of staff had usually been introduced to people and the provider had responded when people had requested a change of staff for any reason.
- People told us the care workers usually arrived on time and they knew who was coming. They said they had the same familiar staff.
- The provider used an electronic monitoring system which alerted them when staff were running late or if there were any issues. We saw there were discrepancies which indicated staff had attended calls at the wrong time, or not stayed for the agreed length of time. However, the provider had investigated these and found this was due to staff incorrectly using the system and that most people were happy with the timing of their visits.

#### Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from the risk of abuse. These included clear policies and procedures.
- People using the service and their relatives told us they felt safe with the agency.
- The provider had taken appropriate action when they identified potential abuse and had worked with the safeguarding authority to investigate this and to keep people safe.
- One relative explained to us how a care worker had witnessed a person being the victim of a telephone scam and they had swiftly intervened and helped to protect the person. The relative told us they were very grateful the care worker had helped to prevent financial abuse of the person.

#### Preventing and controlling infection



- There were procedures to help prevent and control infection. The provider had updated their procedures in line with government guidance. Staff explained they had enough information and were given personal protective equipment (PPE).
- Care plans included guidance for staff to prevent and control infection and the staff were required to record they had followed this guidance at each visit.
- People using the service and their relatives told us the staff wore gloves, aprons and masks and that they always washed their hands.

#### Learning lessons when things go wrong

- There were systems for learning when things went wrong. The staff recorded incidents, accidents and any concerns. They were in regular contact with the management team to discuss these and we saw prompt action had been taken to make sure people were supported when they became unwell or their needs changed.
- The management team had regular meetings to discuss the service and there was a quality improvement plan designed to address things that had gone wrong within the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not always ensured staff were well trained or had the skills needed to care for people safely. The provider had a system for inducting staff which included regular checks of their knowledge, skills and competencies. However, they had not always followed these and staff had worked unsupervised providing support without the provider checking they could do this safely.
- The provider did not always ensure staff had undertaken the training they needed to care for people well and safely. Care records showed staff had provided care to people, including administering medicines and moving them using equipment, before they had been trained to do this safely. Some staff had not completed the necessary training at all.

We found no evidence people were being harmed. However, failure to ensure the staff had the training and skills needed to care for people safely was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified staff needed this training and had started to arrange this. They had also started to provide staff with supervision and to assess their competencies.
- The staff told us they felt well supported and had the information needed for their roles.
- People using the service and their relatives told us the care workers had the skills needed to care for them well. Some of their comments included, "[Care worker] is wonderful – she knows how to do everything", "We have a hoist to help mobilise [my relative]. The care workers were very good at using this and provided lots of reassurance, engaging with [person] to help [them] stay calm" and "[Care worker] has picked up everything brilliantly. They are very competent."

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

- In most cases, the provider had assessed people's needs before they started using the service. We found they had not carried out sufficient assessments for one person who started using the service in November 2022. We discussed this with the managing director so they could make arrangements for the person's needs to be fully assessed.
- Where assessments were in place, these considered people's different needs and choices. The person, and their representatives, had contributed to these assessments. Information was used to help create personalised care plans. These had been reviewed when people's needs changed.
- People using the service and their relatives told us they met with a member of the management team during an initial assessment. They were able to contribute their ideas and also explained that these needs

had been reassessed following changes in the person's condition or mobility.

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

- People's nutritional and hydration needs had been assessed and recorded in care plans. Tasks for care workers included reminding them to make sure people had enough to eat and drink. When people had an identified need, including cultural diet, texture modified food or they were at risk of malnutrition, this was recorded and planned for to make sure staff were aware of the risks and how to support the person.
- People who were supported with their meals were happy with this support. They told us they were able to make choices and that the staff understood special dietary requirements. Some of their comments included, "[Care worker] cooks from scratch and [my relative] enjoys the meals and is eating better than before", "The carer knows how to moisten food to the right consistency and uses the thickener for drinks" and "The care worker always asks [my relative] what [they] fancy and prepares a good meal, checking [person] is happy and has enough to drink."

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

- People's medical history and healthcare needs had been assessed and recorded. There was information for staff about how to meet these needs.
- People's relatives told us the staff knew and understood people's health needs. They said they felt care workers had taken appropriate action when a person's health had deteriorated. For example, two relatives told us the care workers noticed when the person had an infection and had alerted the doctor to ensure the person received the right treatment. We also saw evidence of this in records which showed the staff had been prompt to communicate and respond to concerns about a person's health.
- People's relatives also explained that care workers had stayed with people when waiting for ambulances and, in one example, accompanied a person to hospital, when families could not be with the person.

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 MCA 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.

- The provider had worked within the principles of the MCA. They had obtained people's consent where possible and had assessed people's capacity to make decisions when needed. They had liaised with people's legal representatives and consulted others to help make decisions in people's best interests.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were well treated and respected. They, and their relatives, told us the staff were kind, caring and they had good relationships with them.
- Some of the comments from people using the service and their families included, "They are very kind and caring. I feel I can talk to my carer and she will listen and understand", "All of the carers are so lovely and treat [person] like family" and "It means a lot to [person] that [they are] not just treated like a client, [they are] treated as an important individual."
- Relatives spoke about how care workers knew people well and made sure they received personalised care. One relative told us, "Carer knows my relative likes classical music, so they always put it on to help [them] relax."
- People's cultural and religious needs were recorded in care plans and where possible the provider matched staff who understood and knew about these needs. The managing director told us that if people were unhappy with a certain care worker or found they did not get along, they arranged for a different care worker to support them.

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

- People were able to express their views and feel involved in making decisions. Care plans included clear information about people's choices and preferences. The care tasks for staff also included reminders to offer choices and gain consent. People confirmed this happened.
- People using the service and their relatives explained they had been involved in reviewing and changing their care plans. They told us they had regular contact with the agency and could request changes if they needed.
- The provider used an electronic care planning system which was accessible to people using the service and their families. They could view this and see when care had been provided. We saw records of communication from family members showed they had contributed their comments and ideas and these had been listened to and acted on.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Comments from people's relatives included, "The carers are very polite and treat [person] with dignity" and "The carers always shut the door when providing care."
- People were supported to be independent when they wanted this. Care plans included information about what people could and wanted to do for themselves. Relatives confirmed this happened and explained care workers made efforts to support people to be independent. Some of their comments included, "They make sure [person] can reach [their] drink and put a spoon in [their] hand so [person] can eat independently",

"The carer encourages my relative to do what [they] can, for example putting [their] clothes out so [they] can dress [themselves]" and "They encourage [person] to wash [themselves]."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. They were happy with the support they received. People and their relatives explained they had been involved in planning their care. They were able to make choices, and these were respected. People's care plans were accessible to them and they were regularly reviewed.
- The service had been flexible and made changes to people's planned care in response to changing needs and requests from the person.
- Care plans were well written and gave personalised details. There were clear tasks for staff to complete and they kept records to show they had completed these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were planned for and met. Information was available in different languages and formats for people who needed this.
- People's communication and sensory needs had been assessed and planned for with clear instructions for staff about how to overcome any communication barriers.

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 were supported with companionship visits and some were supported to make use of the local community. People were happy with this support and felt it met their individual needs.
- People using the service, friends and family could be involved with planning and monitoring the care by using the provider's computerised care planning application.

End of life care and support

- The provider did not specialise in supporting people with end of life care. However, they worked closely with other professionals to monitor people's health. The managing director explained they would work with nursing teams to help people with pain management and comfort if needed.
- The provider had recorded where people had specific wishes or requirements regarding end of life care

and do not attempt resuscitation agreements in place.

Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to complaints. People were aware of these and knew who to speak with if they had any concerns.
- The provider had investigated complaints and responded to complainants with details about the actions they had taken. They also gathered feedback about whether complainants were satisfied with the outcome and any changes to the service made as a result of the complaints.
- Some of the comments from people using the service and their relatives included, "[When we raised a concern] Bluebird dealt with it well", "I have never had any concerns but I have found the agency helpful when I have had a query" and "When I complained about an issue the agency dealt with it and they were deeply concerned. They responded appropriately."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Continuous learning and improving care

- The provider did not always effectively operate systems and processes for monitoring and improving the quality of the service or mitigating risk. The provider had an electronic alert system to notify them when care tasks had not been completed or medicines had not been administered. The management team had failed to monitor this and there were a large number of unresolved alerts. This meant the provider had not assured themselves that people had received the right care and support.
- The provider was not able to show they had undertaken audits of medicines management or care records.
- Some of the records required for managing the service had not been completed or were not in place. For example, there were some missing documents from staff recruitment and the provider had not assessed the risks relating to the care of one person.
- The provider's systems for ensuring staff provided a quality and safe service had not always been implemented because the staff did not always have the training, supervision and support they needed.
- Whilst the provider had identified areas where improvements were needed, they had not always taken enough action to rectify these. This meant people were placed at risk.

We found no evidence people were being harmed, but failure to effectively operate systems and processes to monitor and improve quality and to monitor and mitigate risk was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out an audit of the service in general and had developed a quality improvement plan where they had identified improvements were needed.
- Following the inspection, the managing director told us they introduced a system to improve the way alerts were responded to and resolved.

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

- People using the service were happy with the care and felt there was a positive and inclusive culture where they were valued. Some of their comments included, "They are always easy to contact and respond when you need them", "They are professional, reliable, punctual and friendly. I think they go above and beyond. The carers are all very good", "There is a good bond between the carers and between the carers and [people being cared for]", "They are good at making short notice changes" and "Some staff are exceptionally caring and go the extra mile."
- People and their relatives felt the care was reliable and consistent.



- Staff enjoyed working at the service. They said they felt supported and had the information they needed for their roles.
- People using the service, their relatives and staff who gave us feedback all said they would recommend the service.

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 was leaving the organisation at the time of the inspection. The provider had made arrangements for temporary management cover, which included the day to day running of the agency by the managing director. They had also advertised and were looking to recruit a new manager.
- The provider had a range of policies and procedures which reflected legislation and good practice. These were shared with staff.
- People using the service and their relatives knew the managing director and felt happy contacting them. One relative told us, "I have a good relationship with [managing director] and feel I could ring [them] about anything."
- The provider understood their responsibilities under duty of candour. They had investigated accidents, incidents and complaints and had been open and honest with the people involved.

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

- People felt they had the opportunities to contribute their views about the service. The provider had sent out quality satisfaction surveys shortly before the inspection and was waiting for responses. People using the service and relatives told us they spoke with the management team but there were no formal systems for quality checks via telephone or in person except when care plans were reviewed. We discussed this with the managing director who agreed they would set up a more formal system of gathering regular feedback.
- People told us the care workers understood their different equality needs and provided the right support for them. This included escorting them to places of worship when this was part of their agreed plan.

Working in partnership with others

- The staff worked with other professionals to make sure people's needs were met. They liaised with healthcare professionals, pharmacists and family members to make sure people had the right care to meet their health needs.
- The provider was a franchise and the managing director told us they liaised with other Bluebird Care franchise companies and the franchisor to share ideas and support one another.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons did not always ensure care and treatment was provided in a safe way for service users.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to monitor and improve the quality of the service and to assess, monitor and mitigate risks.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed.</p> <p>Regulation 18</p>