

# Walter Manny Limited

# Bluebird Care

## Inspection report

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Date of inspection visit:  
12 November 2020

Date of publication:  
07 January 2021

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to both older adults and younger adults. 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. At the time of the inspection they were providing care and support to 200 people.

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

The provider had failed to ensure robust recruitment practices had been followed, which put people at risk of receiving care from unsuitable staff. There were enough staff to ensure the scheduled visits could be met. However, several people said they would like more regular times for their visits and a more consistent team of staff supporting them. Staff recruitment was on-going and the registered manager and provider were confident this would help to address the issue of visit times.

In the weeks prior to the inspection we received six safeguarding alerts. Concerns related to staff approach and attitude, and allegations of theft. One concern had not been recognised as a safeguarding issue. This meant the report had not been dealt with in a timely way by managers at the service. This resulted in avoidable distress to the person involved. We have made a recommendation that the registered manager work with the local authority safeguarding team to ensure any safeguarding concerns are recognised and dealt with in a timely way.

Systems to monitor the quality and safety of the service were in place but had not always been effective. A lack of oversight relating to staff recruitment and safeguarding reports meant people had not been fully protected. This had been recognised by the registered manager and steps had been taken to improve oversight at the service. We have made a recommendation to ensure the new systems in place to monitor the quality and safety of the service are fully embedded to ensure improvements continue and are sustained. The provider and registered manager were open and transparent about the shortfalls found at this inspection. They had taken action to address most of the issues.

People said they were very happy with the regular care workers, who understood their needs and made them feel comfortable. People praised the staff for their kindness and most expressed confidence in staff's knowledge and skills. Comments included, "They are lovely..." and "I don't think we would ever get to the stage when we felt unsafe, the staff are very cautious".

Risks to people's health, safety and well-being were assessed, and measures put in place to reduce the risks. People's medicines were managed safely.

People reported staff used personal protective equipment (PPE), such as face masks, gloves and aprons when delivering care. They confirmed they felt safe with staff practice during the pandemic. Comments

included, "We've felt safe during Covid 19..." and "During Covid it's brilliant with the carers. I can't fault the carers at the moment".

People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys.

Some professionals described positive working relationships and good communication with the service. Others offered opportunities to build stronger professional relationships and improve communication.

#### Why we inspected

The inspection was prompted in part due to concerns received in relation to safeguarding issues. A decision was made for us to inspect and examine those risks.

We undertook this focused inspection on 12 November 2020 and inspection activity ended on 30 November 2020. We have identified a breach in relation to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment practices had been followed, which put people at risk of receiving care from unsuitable staff.

This report only covers our findings in relation to the Key Questions in Safe, and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion 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.

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

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe 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

## 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 undertaken by one inspector, an assistant inspector and two 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.

One inspector visited the office location. Following the visit to the location office, the inspection team made telephone calls to people and relatives using the service. The staff team and health and social care professionals were either contacted by email or telephone.

#### 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 12 November 2020 and ended on 30 November 2020. We visited the office location on 12 November 2020.

#### What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We asked the provider to share a poster with all people using the service and staff, explaining we were inspecting and requesting their feedback. We used all of this information to plan our inspection.

During the inspection-

We attempted direct contact with 38 people using the service and we received feedback from 17 people and two relatives about their experience of using the service. Eight health and social care professionals shared their experience of working with the service. We also received feedback from 33 staff, including local managers; care coordinators, and care workers. We spoke with the company director and the registered manager.

We reviewed a range of records. This included a variety of records relating to the management of the service, including policies and procedures, audits and feedback from satisfaction surveys. We looked at the staff training matrix and four staff files in relation to recruitment and staff supervision.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at additional quality assurance records. We spoke with another two professionals who had regular contact with the service.

# 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

- The required staff recruitment checks had not been completed for all staff, before they were able to work in the community unsupervised. We found two examples of poorly completed application forms; large unexplained gaps in employment histories and references had not always been followed up. This was important because, although the staff whose recruitment had not been managed robustly had recently left the service, there were concerns identified about their practice. This put people at risk of receiving care from those who may not be suitable to work with vulnerable people.

This is a breach of Regulation 19 Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had recognised the shortfalls in recruitment practice and had taken action to reduce the risk of this happening again. They had employed three experienced recruitment staff; implemented monthly recruitment reviews and quarterly audits of recruitment records.
- There had been some staff turnover and the provider was recruiting to fill at least seven vacancies. However, there were enough staff to ensure the scheduled visits could be met. With the exception of two people, people said their visits were not missed and staff stayed for the correct amount of time. The service provided over 400 visits a day. Data collected by the registered manager showed that 11 visits had been missed in a two month period. This was mainly due to scheduling errors.
- Several people said they would like more regular times for their visits and a more consistent team of staff supporting them.
- Some people did not receive a rota informing them of who would be visiting. They were not always told about staff changes or if visits were going to be late.
- People said they would like to be kept informed of changes. Comments included, "I don't get a weekly rota, I phone them. It would be nice to get a rota"; "Sometimes they don't let us know they are going to be late, but other times they do"; and "There is no continuity, they make changes all the time on the computer... I don't get a weekly rota, just daily updates on the computer. If you get people you don't know all the time, it's difficult..."
- People said they were very happy with the regular care workers, who understood their needs and made them feel comfortable.
- We were mindful that staffing had been impacted at the beginning of the pandemic by unexpected staff absence. One person said, "Due to COVID-19 we understand the situation with Blue Bird to manage carers is not an easy job..."

- The registered manager and management team were working to improve consistency. Additional staff were being recruited and some agency staff were used to ensure visits were not missed.
- The rota scheduling system accounted for travel time between calls. The majority of staff said they had enough time to travel between calls and enough time at each call to deliver the required care and support. Two staff said travel time was not always sufficient in their area. This was sometimes due to local traffic issue.
- People praised the staff for their kindness and most expressed confidence in staff's knowledge and skills. Comments included, "I think the staff do (have the training and knowledge),... They are lovely, all prepared and know what to talk about" and "I don't think we would ever get to the stage when we felt unsafe, the staff are very cautious".
- Two people said younger staff would benefit from more experience. The staff training records confirmed staff had received core training to ensure they worked safely with people.
- Staff reported they were well supported by the local managers and registered manager. Comments included, "I have never done care before and you get a lot of support from the office" and "I have felt very well supported".
- One agency staff said they did not always receive the support they would like. We discussed with the registered manager how the service could develop better support and supervision for all agency staff.

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

- In the weeks prior to the inspection we received six safeguarding alerts. Concerns related to staff approach and attitude, and allegations of theft. Investigations continued at the time of the inspection into three safeguarding concerns.
  - During the course of the investigations, it was evident that one concern had not been recognised as a safeguarding issue. This meant the report had not been dealt with in a timely way by managers at the service. This resulted in avoidable distress to the person involved.
  - The registered manager had arranged additional training for care managers and other senior staff at the service to ensure all concerns were reported in a timely way. The local authority safeguarding team had offered support and training for managers expected to deal with safeguarding issues.
- We recommend the registered manager work with the local authority safeguarding team to ensure any safeguarding concerns are recognised and dealt with in a timely way.

- People said they felt safe when staff were assisting them. Comments included, "Yes, (I feel safe), brilliant. If I have any problems. The staff are quite nice, chatty and friendly"; "I am ok, I am being looked after. I feel more safer when carers are with me" and "Yes, it's very good, I definitely feel safe...everything's always perfect".
- Staff received training to help them understand safeguarding vulnerable adults. Staff demonstrated they understood their responsibilities to protect people from the risk of harm and abuse. Staff confirmed they reported concerns to the registered manager or their line manager.
- Staff had access to the providers policies on their handheld devices, so could access information easily when needed.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce avoidable harm to people. Staff had access to people's care notes on handheld devices and could check what care people needed before they visited.
- Staff confirmed the care plans described how they should mitigate known risks and deliver care. Comments included, "Yes, 100% I have all the information I need" and "The system holds all the information we need about care, risk assessments and medicines. We have to read the previous notes from visits. This is our responsibility, so we know about changes".

- The registered manager had risk assessed the impact of COVID 19 on staff's mental health and well-being. An action plan was in place to ensure staff had the support they required to work safely.

#### Using medicines safely

- People who were supported to take their medicines confirmed this support was provided at the right time.
- The electronic system alerted managers if staff had not confirmed a task has been complete, for example if medicines had not been given as prescribed. Managers could see any issues on the live system and investigate and respond to ensure medicines were managed safely.
- Staff had received medicines training and competency assessments to ensure they understood how to manage medicines safely. One agency staff member said they had not received a competency check. This was discussed with the manager for that specific service.
- Regular medicine's audits informed the registered manager of any issues, so they could be rectified in a timely manner.

#### Preventing and controlling infection

- People reported staff used personal protective equipment (PPE), such as face masks, gloves and aprons when delivering care. They confirmed they felt safe with staff practice during the pandemic. Comments included, "We've felt safe during Covid 19, they (staff) wear masks, visor or over-glasses, aprons, gloves. They put them on as they arrive and off as they leave" and "During Covid it's brilliant with the carers. I can't fault the carers at the moment".
- The provider was following national infection prevention guidelines. Staff had easy access to personal protective equipment. They confirmed they had a good supply of all PPE.
- Staff had received training about infection prevention procedures.

#### Learning lessons when things go wrong

- Processes were in place to reflect and share any learning from incidents with staff and other professionals so that practice could be changed if required. For example, information gathered when auditing showed falls were an issue for some people. As a result, discussions with social workers and commissioning managers were had raising the need for safe discharge assessments, and appropriate equipment to support people safely.
- All staff contacted were aware of how to report accidents and incidents and how to respond when faced with an emergency.

# 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 requires improvement. At this inspection this key question has remained the same. 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

- At the last inspection we made a recommendation. We recommended the provider looked at ways of ensuring all staff were fully aware of their role and responsibilities and how they reviewed them with staff. This was because some staff had acted outside of their role without consulting the provider. Some managers had not carried out their responsibilities with regards to recruitment and safeguarding but this had been addressed by the registered manager and provider. We found care staff were aware of their roles and responsibilities.
- Since the last inspection a registered manager had been appointed. Staff who had regular contact with the registered manager found her helpful and approachable. Comments included, "I have always found (manager) very pleasant and always helpful" and "Since (manager) has been on the scene, I think she is doing her best". Two staff described a less positive experience when contacting the registered manager.
- Systems to monitor the quality and safety of the service were in place but had not always been effective. A lack of oversight relating to staff recruitment meant people had not been fully protected from unsuitable staff. This had been recognised by the registered manager and steps had been taken to improve the oversight of recruitment.
- A manager at the service had failed to recognise and report a potential safeguarding concern to the registered manager and local authority safeguarding team. This led to delays in an investigation and avoidable distress for the person. The registered manager had been candid about this omission and had taken steps to refresh safeguarding training for all managers, to ensure they understood their responsibilities.
- A franchise audit completed in July 2020 found that improvements had been made within staff files. The previous quality score had been rated at 68% satisfactory. This had increased to 73% at the July audit. We recommend the new systems in place to monitor the quality and safety of the service are fully embedded to ensure improvements continue and are sustained.
- There was a clear staffing structure and lines of accountability. Each aspect of the service had a named manager, with care managers in local areas to support the care teams.
- The majority of staff described good training and support that enabled them to work safely with people. Two staff felt the response from office staff was not always helpful. The registered manager was aware of this and was working to ensure staff were fully supported when they called the office for advice.

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

- Most people and their families were happy with the care received. Several praised staff for their caring and professional approach. However, we received mixed feedback about call times and the consistency of the staff team visiting them. Whilst some people were happy with their call times, others reported their care was not always delivered at the time they preferred, and times could vary. This was a theme identified in a recent satisfaction survey.
- The registered manager explained when care and support was commissioned the service was very clear about the time slots available, so as not to disappoint people.
- However, audits did not identify variance in the delivery of people's call times. This meant timely action had not always been taken to improve call times or the consistency of the staff 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; Continuous learning and improving care

- The provider and registered manager were open and transparent about the shortfalls found at this inspection. They had taken action to address most of the issues.
- The registered manager and provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- When a complaint was received this was investigated and outcomes shared with the complainant. People said when they had raised a concern, it had been dealt with. One person reported, "Previously we had an issue...but now it's all sorted".
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The provider had displayed their CQC rating as required.
- The registered manager also informed the CQC about significant events within their service using the appropriate notifications.

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

- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. 'Spot checks' were also carried out to observed staff practice and approach, and ensure they worked safely and displayed a respectful attitude.
- The most recent satisfaction survey was sent to people shortly before the inspection. The registered manager had received 70 responses at the time of our visit.
- We sampled the responses from 20 people. People confirmed staff were polite and treated them respectfully, and that staff carried out tasks professionally. Comments included, "Staff are considerate and helpful" and "The level of care is good..."
- However, a theme for improvement through many of the responses was about the timing of visits and the consistency of the staff team visiting them. Comments included, "Could not fault any of the care or the carers, but timing is the biggest problem"; "Very erratic about times" and "Let me know who is coming and when."
- The registered manager was to collate all responses once received and develop an action plan to address areas for improvements. The additional staff recruitment would help to improve the timing of visits and the consistency of the teams delivering care to people.
- Staff also had an opportunity to share their views about the service, through meetings and staff surveys.
- Staff told us they could speak with the registered manager or their immediate line manager when needed and felt able to raise concerns or share ideas. One said, "The management are very supportive - always

available if needed. They are so helpful and consider our personal needs too" and "This is a good company to work for."

Working in partnership with others

- Some professionals described positive working relationships and good communication with the service. Others offered opportunities to build stronger professional relationships and improve communication.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The required staff recruitment checks had not been completed for all staff, before they were able to work in the community unsupervised. This put people at risk of receiving care from those who may not be suitable to work with vulnerable people. |