

Clarity Bristol Ltd

Bluebird Care (Bath & North East Somerset)

Inspection report

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16 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care (Bath and North East Somerset) is a domiciliary care agency providing personal care to people in their own homes. Some people also had live in carers arranged and monitored by the service. At the time of our inspection there were 60 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by kind and caring staff who knew how to keep them safe from potential abuse. Most people and relatives thought there were enough staff who let them know if they were running late for visits. Alternatives were found when staff were not available. Risks had been assessed. Although in some care plans there were inconsistencies that were rectified during the inspection.

Staff had received enough training to meet people's needs. When it was required, specialist training was sourced to meet people's health conditions. New staff told us they received a good induction. People were supported with food and meals in line with their preferences.

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.

Care was personalised to each person's needs and wishes. Improvements could be made on how accessible information was for them. Systems were in place to manage concerns and complaints. The service was well led and valued people and staff views. One staff member had won an award. Events were held so people were part of the community.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's with learning disabilities and autistic people had a good quality of life. Communication books were in place to help staff understand people with limited verbal communication. Care plans considered the person holistically including aspirations and goals. Small improvements were found to enhance their lives further and ensure right support, right care, right culture was embedded in all practice.

Rating at last inspection

This service was registered with us on 11 October 2019 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 8 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Bath & North East Somerset)

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

This inspection was carried out by one inspector and an Expert by Experience who made phone calls to people who use the service and relatives. 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 announced.

We gave the service 24-hour 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 9 November 2022 and ended on 22 November 2022. We visited the location's office on 9 and 16 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who use the service and 3 of their relatives on the phone and 1 person in the office. We spoke with 10 members of staff including the registered manager, the nominated individual, the provider's quality manager, trainer and staff at a range of levels. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at 9 care records and associated medicine administration records. We reviewed a range of records the provider uses to run the service such as policies and procedures, training records, recruitment records and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep them safe and recognise signs of abuse. Comments from people and relatives included, "I feel safe. [Staff] are very kind and helpful and I have no worries", "I feel safe with them and they can use the hoist" and, "[Person] feels safe. We have got a hospital bed as [they are] now on end of life care and [staff] can move [them] safely."
- Staff knew how to recognise signs of potential abuse including for people less able to communicate. They told us about noticing changes in people including their personalities and any new marks on their body. All staff spoken with knew who to raise concerns with and felt the management would act.
- Systems were in place to manage safeguarding. Policies and procedures were being followed by staff and the management. This included alerting other bodies who have oversight to keep people safe.

Assessing risk, safety monitoring and management

- People had risks assessed for a range of areas including the environment, tasks being undertaken, health conditions and moving and handling. For example, 1 person's environmental risk assessment provided guidance for staff to keep them and others safe.
- However, sometimes these lacked details or were not reflecting current guidance or standards. For example, ways to mitigate risks to the person were not always in place despite being practiced by staff. One person requiring hoisting had assessments not providing clear instructions about what type of sling and which loops should be used in line with best practice. Neither did those with special diets always have the eating and drinking guidance from a health professional accessible to staff.
- The registered manager and quality manager carried out lessons learnt immediately. Where required, care plans were updated during the inspection.

Staffing and recruitment

- People were supported by enough staff to meet their needs who arrived on time or alerted them when running late. Comments from people and relatives included, "[Staff] are normally very good. Of course, if they were very short staffed, they would send a manager in", "They are mostly on time. It is mostly the same staff and I do know them" and, "Timing of visits is difficult because of the traffic, but usually within 30 minutes of expected visit."
- Some concerns were raised by people and relatives about the spacing between the morning and evening calls. One person explained they had been left in bed for 15 hours because the evening staff came early, and the morning staff were late. Whilst others echoed this issue about the timings of staff. No harm had been identified and the service were in the process of recruiting more staff.
- Staff were positive about having enough time to travel between people. Arrangements were in place should there be issues such as traffic. The office or on call would arrange alternative care. One member of

staff explained how they had a route which was designed around them being a non-driver. They said, "I get time to travel between people... Instances I run late I let the office know and they pass on the message."

- The provider told us they also had developed a scheme to loan scooters to staff who were non-drivers. They explained this was to make careers in care more accessible. One carer commented on this scheme and said, "They have made the most of my availability by loaning me a moped that I can use in my own time too."
- People were supported by staff who had been through a safe recruitment. This included checks from previous employers, a character reference and criminal record check. One member of staff said, "I sent through my paperwork on an online secure document share system. It was quick and easy."

Using medicines safely

- Medicines were managed safely. People's preferences were recorded and how they liked support. One person said, "They do manage my medications. It all works very well." Whilst 1 relative told us, "[Person] gets their medicines at the right time."
- Systems were in place to record when medicines were administered. Although, some improvement was required to ensure staff all used consistent codes when medicines could not be administered. The provider had already identified this and had started working on rectifying the situation.
- Staff confirmed they had their competency checked when they were responsible for administering medicines.
- However, people who had patches to administer medicine were not having them in line with manufacturers guidance. This could lead to potential harm because medicines could be absorbed at a dangerous rate. We shared our concerns with the registered manager who took action to rectify the issue immediately. They updated us with new processes they had put in place.

Preventing and controlling infection

- People were supported by staff who wore personal protective equipment (PPE) when being supported. This included gloves, masks and aprons. All staff spoken with agreed they were provided with enough PPE and could restock at any time. The registered manager used early morning pick-ups of PPE by staff as time to check in with them.
- However, many of the staff had forgotten the correct sequence to remove their PPE to keep people safe. Systems had not identified this either when senior staff completed observations. During the inspection, the management took action to rectify this and updated staff competency paperwork.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People were supported by a service that learnt lessons from accidents and incidents. Examples were seen throughout the inspection where this process was demonstrated. Review meetings were held with relevant staff to look at what happened and how it could be prevented in future. This learning was then shared with all staff.
- Lessons had been learnt when medicine errors had occurred. This included increasing observations, retraining and sharing of information to prevent reoccurrence.
- A risk meeting every Monday provided an opportunity to demonstrate when lessons learnt could be discussed and action plans put in place by the management.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to care being delivered and when their needs changed. However, not all sections of some care plans had been updated consistently. Staff appeared to know the most up to date information though.
- People and relative comments included, "I very much get the care I want and need and they do all the tasks necessary" and, "All the people supporting us and her seem to do what is required."
- People were supported by management that kept up to date with standards, guidance and the law. Some of the registered manager's knowledge had not been put into practice at the time of the inspection around supporting autistic people and people with a learning disability. The registered manager had already started implementing action by the end of the inspection.

Staff support: induction, training, skills and experience

- People were supported by staff who had training to meet their needs and wishes. Comments from people and relatives included, "The carers are very, very good. They know what they are doing", "I think they are well trained. [Person] got a new electric wheelchair and they have all learned how to use it" and, "It is marvellous. All the women who do the care are very, very good."
- Some people had incredibly complex needs including support which was specialist. The provider had sourced specialist training for the staff to learn how to safely complete these tasks. During the inspection, competency checks were arranged by the registered manager with the district nurse team. This was to ensure they continued to carry out the practices safely. One person with a specific need felt further training could be provided to their staff.
- New staff told us they had a thorough induction. This included face to face training for 4 days in the office and shadow shifts. One member of staff told us the trainer, "Was brilliant. Really good level of experience. Confidentiality was key. They used case studies to give depth to the training by using real life examples."
- All new staff completed the Care Certificate as part of their induction. The Care Certificate is a set of standards for all health and social care staff to ensure knowledge of basic care and support.
- All staff were supported with professional development. This included qualifications in health and social care. Additionally, these additional experiences provided them with opportunities to be promoted within the organisation into managerial roles.

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

- People were supported by staff to prepare their meals and drinks if it was part of their assessed needs. One person said, "They get me a hot meal at night. They make a thermos for me to have a hot drink later." Another person told us, "They get me my breakfast and do a flask for the morning. I get soup and a sandwich

for lunch and a cooked meal at tea-time. They leave me another flask for the evening."

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

- People were supported by staff who recognised when their health was declining and needed support from other health professionals. One person said, "They will recognise if anything is wrong and take action. They would tell me, phone the doctor, whatever was necessary."
- The registered manager had arranged meetings with the manager of the district nurses to make sure they worked well together. They had developed positive relationships with other health and social care professionals. This included sourcing information and guidance around people's specific needs.

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.

- People were having their needs and wishes respected by staff. Comments from people and relatives included, "[Staff] are very respectful and ask permission before they do things", "[Staff] ask for her consent" and, "I am satisfied with the care when it happens. They communicate well and listen to me."
- Staff understood the principles of the MCA and how to apply it when a person lacked capacity or had fluctuating capacity. This included speaking with other health and social care professionals and family or those important to the person prior to making decisions. Any decision made would always be in a person's best interest and records confirmed this.

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 supported by kind and caring staff who saw them as individuals. All people and relatives were positive about the staff who supported them. Comments included, "[Staff] are very, very good. They treat me with perfect respect", "[Staff] are all friendly and warm", "[Staff] are very, very good, very kind and I get on well with them" and, "I have a lovely team working with me. I have a bit of banter with them."
- Staff demonstrated they were kind and caring in how they spoke about people they supported. They explained they wanted to do everything they could for people. One member of staff told us they were learning sign language so they could communicate with Deaf people better.
- The provider and registered manager led by example. They wanted people to be in charge of their care and valued them as part of an extended family. This included holding a "fun day" for everyone including staff and relatives to attend. During the inspection they demonstrated their values when interacting with people in a positive and caring way.
- Films that had been made of events held by the provider demonstrated the values they held which was echoed by staff. The owner said, "People become part of the family". Staff stated, "I want to help people" and, "Everyone wants to care for people to have happy health lives."

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

- People were supported to express their views and being involved in decisions about their care. One person wanted to change the time of their visits and this was facilitated during the inspection. Other comments included, "They are all very nice and communicate well with me. They pay attention to me" and, "Care is reviewed as we go along and changed according to her needs."
- Consideration was made for people less able to verbally communicate so they could be involved in their care. One person had a visual book in place with all their main signs they used to communicate their needs. This had helped any staff understand what they were expressing whilst they were supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always respected by staff. One person said, "They ask me for my consent to do things and what I need doing first. They know what they are doing. I never feel embarrassed. They put me at ease." Staff were able to describe how they protect people's dignity when they were supporting them such as knocking before entering their homes and closing doors for intimate care.
- People were supported to remain as independent in their homes as possible. One person said, "They let me do as much as I can. Recently, we have been doing crossword puzzles. That has been very good." Staff were clear they always supported people to remain independent rather than do things for them.

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 had care plans personalised in line with their needs and wishes. They, and those important to them, were involved in the creation of the care plans and the reviews. People and relatives' comments included, "We developed a care plan when we first joined and it has been reviewed", "We had a long discussion about care planning, starting in hospital. It is reviewed often by phone, but they will come out and will change things if necessary" and, "We created a care plan and it was reviewed recently."
- Care plans contained a pen portrait of each person so new and agency staff had an overview of each person quickly. People and relatives had a hard copy in their homes as well as access to the electronic version of each care plan. This meant they could make sure they were up to date.
- However, there were occasions when details in the care plan had not been reflected in all areas. Or care plans lacked enough detail for certain tasks being carried out. For example, one person had a health history that had not been included in a risk assessment. Other people had care plans that lacked details to ensure consistent support from staff. We raised these with the registered manager who ensured care plans were reviewed during the inspection.

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 who had alternative methods of communication had been considered. Some staff were learning British Sign Language whilst another person had a communication book. Alternative formats of care plans had not been thought about for people. The registered manager started reviewing this during the inspection.

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

- People were supported to maintain relationships and access activities if it was part of their agreed care. Additionally, COVID-19 pandemic welfare checks were offered to prevent social isolation.
- Systems were also in place to provide enrichment and welfare offers to support people. For example, people and staff could access free massages every week if they wanted them. When people were admitted to hospital and had little to no family their main member of staff regularly visited them. Additionally, get well

cards, teddies and stimulating activities were provided to remind them there were people thinking of them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and felt they were listened to. Comments included, "I would speak to the carers directly if necessary", "I have made a complaint and it was handled well", "They acted on my complaint immediately" and, "I have complained to the office. It was nothing serious, but it was sorted."
- Systems were in place to manage complaints. The registered manager was passionate to try and resolve issues before they escalated. They also made sure if people were not happy with a particular member of staff supporting them, they found a way to resolve this.

End of life care and support

- People had their end of life needs and wishes considered as part of their support and care plan. The provider was currently working towards the 'Gold Standard Framework.' This is training and accreditation to ensure the best possible support is provided by front line health and care staff around end of life. The provider already worked with the local hospice and had a core group of specially trained staff to deliver end of life care.
- Although it had not always been recorded clearly those who declined a discussion on this topic. The registered manager updated these during the inspection to make it clearer they were incomplete following the wishes of the people.

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 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 management promoted a culture that was placing people at the centre of their care. The registered manager and provider treated people that were using the service like their extended family. This was reflected by the support people received.
- Comments from people and relatives included, "I would absolutely recommend them", "They are brilliant, no changes or improvements are needed" and, "We are like a team really. [Staff] go in and it gives us peace of mind and we work with them."
- Staff we spoke with all spoke fondly about the people they supported and clearly knew them well. They also praised the leadership and how it led by example. Comments included, "[Registered manager] is cool. They are great at their job and does support you a lot" and, "I love the [registered manager] to bits... [registered manager] is a magnificent leader."

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 and provider were aware of their role and responsibility around duty of candour. Letters of apology had been written to people when things had gone wrong.

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

- The registered manager was committed to making sure all staff were clear about their roles and responsibilities. This included empowering staff to identify roles in line with their skills and achievements. One member of staff had recently won an external care award as a result of their accomplishments being recognised.
- Systems were in place to assess the quality and performance of the service people received. They also provided opportunities to demonstrate continuous improvement and learning. This included the weekly risk meeting with senior staff to learn lessons from previous week plus discuss any potential new risks.
- The provider had recognised the importance of oversight to drive improvement. Recently, a new quality manager had started working for a group of their services. They were implementing a four-stage system to drive improvement. This included ensuring compliance and driving excellence and quality. Currently it was too early to identify the effectiveness of this program.
- The provider was now completing referrals to other bodies in line with statutory requirements. The registered manager was clear about when these should be made to the local authority and CQC.

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

- Systems were now set up so people, their relatives and staff could be engaged and involved with the running of the service. The registered manager had created people, relatives and staff forums. These provided a system for sharing updates. Also, to explore suggestions to involve and/or improve the service.
- Examples were shared with us of how people had come to teach staff specific techniques related to their individual needs. Staff were positive that this provided an opportunity of engaging with people they support. Additionally, "the customer forum" had led to people's involvement in recruitment, the newsletter and categories for the staff awards.
- Systems were being embedded to ensure people and staff were considered holistically. There was a health and welfare plan in place. Senior staff had been mental health first aid trained so they could support people and staff emotionally. An equality and diversity ambassador was in place to make sure this was championed throughout the service at all levels.

Working in partnership with others

- Systems were in place or being further developed to work closely with other health and social care professionals. The provider had recently introduced an electronic feedback system to encourage external stakeholder engagement.
- The registered manager arranged meetings with other health and social care professionals to ensure people were receiving consistent care. A recent example was shared of one of these meetings which placed the person at the centre of the decision.
- Links were built with the local community. An annual fun day was held which demonstrated all staff, people and relatives celebrating as one. Craft boxes were handed out to encourage creativity and enrichment for people.
- The provider produced a range of newsletters including separate ones for people and staff. These would inform them of updates in policies, happy news stories, events information and a selection of other important information. As well as being sent to internal contacts they were shared with the community and stakeholders to continue to develop links.