

Care and Wellbeing Group Limited

# Bluebird Care (Essex West)

## Inspection report

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Date of inspection visit:  
21 February 2019

Date of publication:  
14 March 2019

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

People's experience of using this service:

- Staff had a good understanding of people's needs and provided person centred care which put people at the heart of the service. They continued to provide care in a way that ensured people had a good quality of life.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Safe systems were in place to manage medicines, and safeguarding matters.
- There were enough staff available to ensure people's wellbeing, safety and security was protected. A robust recruitment and selection process was in place.
- People described the staff as compassionate, kind and caring. People had developed good relationships with people using the service.
- Information included guidance for staff so they could follow a structured approach which enabled them to recognise and manage people's health conditions and behaviour.
- Staff understood the importance of supporting people to have a good end of life.
- People were involved with care planning and staff knew people well.
- Robust systems were in place to seek the views of people who used the service, and check the quality. Spot checks, care planning review meetings and audits were carried out on a regular basis.
- People's feedback about the service they received were integrally used, to review the service and to make improvements.
- The management team and staff continued to find ways to improve the service and remain driven by their passion for caring for people, including those living with dementia.
- This service met the characteristics of Good in all areas; more information is in the full report

Rating at last inspection: This service was last rated Good. (1 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and inspect the service, if risk is indicated.

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### 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 well-led.

Details are in our Well-Led findings below.

Good ●

# Bluebird Care (Essex West)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The service had a manager registered with the Care Quality Commission. This means that they and the registered 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 site visit, because we needed to be sure the registered manager would be in. The inspection site visit activity started on 21 February 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We made phone calls to people and staff on 19 of February 2019.

What we did: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

Before the inspection we sent out questionnaires to some people, so they could share with us their experiences of the service. We also spoke with nine people, four members of staff, the registered manager and the deputy manager.

We inspected five care plans, and three staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. Where commissioners or health professionals have provided feedback, we have included this within our

report.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm.
- Staff had a good understanding of what abuse was and they were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding and there were policies and procedures to advise staff about their responsibilities to enable people to be protected from abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place which provided clear instructions for staff.
- Systems were in place to promote people's safety. Detailed assessments identified risks to safety and wellbeing.
- Care plans had individual risk assessments which provided guidance for staff to know how to work in a safe way. For example, detailed information was in place, for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers.

Staffing and recruitment

- Everyone we spoke with told us, the staff usually arrived on time and no one we spoke with had experienced a missed visit. One person said, "They are generally on time and I see fairly regular staff. That is fine with me. They always stay for the full time. I never feel rushed." Another person said, "The staff are different every week and I get a rota. I like different people. I like to get used to different carers instead of seeing the same face all the time. I like them all."
- Checks were carried out to ensure the safe recruitment of suitable staff. The registered manager had undertaken a Disclosure and Barring Service (DBS) check on staff before they started work to ensure they were not prohibited from working with people who use a health and social care service.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. One person said, "The staff have checked that [Name] has taken his tablets from the pack that comes from the chemist."

Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and had been given personal protective equipment (PPE) to use. For example, disposable gloves and aprons. Everybody, with the exception of one person said, that staff wore gloves which they would bring with them and dispose of at their home. One person said, "They wear a uniform and are clean and tidy. They always wear gloves."

### Learning lessons when things go wrong

- The registered manager looked at ways learning could take place when things had gone wrong, and used this to look at how the service could be improved. Learning took place in team meetings and group supervision sessions.



# 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

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

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

- Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing. Staff observed and recorded how people were each day, so they could check for any changes which might indicate people needed support to access health and social care services. Referrals were made to other professionals, such as district nurses and GP's. One person explained, "The staff noticed my legs were red. I said to them just get me to bed but they insisted I obtained medical treatment. I ended up in hospital with sepsis. They were aware of what to look out for."

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

- People told us they had been fully consulted when an assessment of their needs had been carried out and were involved in regular reviews. People were asked their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.
- Care plans explored people's needs in a holistic way and focused on outcomes for people. For example, personal interests, backgrounds, hobbies, likes and dislikes, religious and cultural needs had been explored in detail.

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

- People were supported from the risk of poor nutrition and dehydration in a safe and effective way. Care plans showed how people needed to be supported with meals and drinks.
- Staff supported people to have meals of their choice, in line with their assessed needs. One person said, "There are some who are good at omelettes and they will do me an one with salad. They always leave me a drink and water for the night."
- Care plans had detailed information about how to support people to eat and drink safely. For example, detailed guidance from the speech and language team was in place, explaining how the person could be supported to eat and drink in a safe way.
- Staff had received training in food safety and nutrition and were aware of people's specific dietary requirements and associated risks.

Staff support: induction, training, skills and experience

- Staff told us they received a programme of thorough training which enabled them to understand and meet the needs of people who used the service. One person said, "I do think the staff have the skills for the sort of thing I need them to do."
- Regular supervision continued to be carried out with staff throughout the year, along with an annual appraisal. Staff told us they were well supported and had opportunities to undertake training to enable

them to carry out their jobs effectively.

- The service effectively promoted the use of champions. Champions are staff who had shown a specific interest in particular areas and were responsible for sharing their learning and acting as role models for other staff.

Ensuring consent to care and treatment in line with law and guidance

- 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 Act 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".

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The principles of the Mental Capacity Act 2005 (MCA) had been properly followed in regard to obtaining consent to care. Where people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service continued to have a person-centred culture. Both staff and management were fully committed to ensuring people received the best possible care. One person said, "The staff help me in whatever I am doing. I feel that I am in control. Whatever I ask they do it. They don't take over and don't say 'We are doing it like this. They even do extra little things for me."

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

- Staff understood it was a person's human right to be treated with respect and dignity and encouraged people to express their views and have control over their day to day lives. People's feedback confirmed this. One person said, "I am very happy. The staff always ask me what I want and give me choices."
- People continued to be involved in decisions about their care, and about the support they were provided with. Care plans explored people's needs in a holistic way.
- People were asked if they wished to receive personal care from staff of the same gender and their wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by the staff working with them. We saw staff respecting people's wishes. One person said, "They are careful not to let me get cold when washing me and ensuring they are respectful. I put my clothes out ready and they might get other things for me if I need them from the wardrobe."
- People confirmed staff were polite and respected them, their homes and their possessions. One person told us, "They are wonderful and so good and they work so hard. I am so pleased with them."
- Confidentiality continued to be well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure and treated with respect. One person said, "They are all lovely. They aren't allowed to talk about other people they visit. We have general chit chat and they tell me about the funny things their children do."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People who used the service, family members and visitors were made aware of how to make a complaint and an effective complaints policy was in place. One person said, "I have never had any concerns but I would phone them if I did. I think they would listen to any worries."
- People were aware of how to make a complaint. When their service began, they were given an information pack which outlined how the service operated and how to make a comment, compliment or complaint. When a complaint had been raised this had been resolved to the person satisfaction.
- Compliments about the service had been received. One said, "I wanted to say a huge thank you, for how much you have done. What a genuine relationship you had with [Name.] As small as it seems, it really made a difference. Honestly, you are a marvel. I hope when I am in my last days, I have someone like you by my side."

End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to people. When this support had been given staff had worked with other health and social care professionals to ensure people had a good end of life.
- When in place, copies of do not resuscitate records (DNARs) were kept within people's care plans.

Planning personalised care to meet people's needs, preferences, interests giving them choice and control

- Detailed assessments of people's needs were carried out and care plans outlined the support to be provided.
- Specific information was available to determine, how the person's care needs were to be met, and what staff needed to do to deliver the care in the way the person wanted.
- Care plans were regularly reviewed. One person said, "The managers come out about once a year and go through things to make sure I am happy with everything. They are all friendly and helpful." Another said, "They have it (the care plan) on an app on their phone. They are also happy to do the extra little jobs like watering my plants. It was the manager who came to do the care plan. They was nice and listened well."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Information and communication needs were met for people.
- The registered manager gave examples of when care had been provided which met people's needs and preferences. The feedback from people reflected this. For example, staff had provided support to people to achieve areas of interests, such as going shopping, accessing the community or supporting them to maintain their hobbies and interests.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People who used the service, their family members and staff were regularly consulted about the quality of the service they received. One person said, "I do feel it's well led. They all get on well and the staff seem happy. The staff seem to cope quite well, for example if staff are off sick, the office staff will go out. I think they are a very good company."
- The registered manager continued to have a robust approach to quality assurance. They conducted regular audits and improvements were carried out when these had been identified. The quality of the service continued to be monitored and assessed consistently.

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

- 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.
- People continued to speak positively about the management and leadership of the service. People knew the registered manager and spoke positively about them. People told us they were confident in the way the provider was managed. One person said, "I think they are a very good organisation. In fact, I was recommended them by somebody else."

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

- Staff consistently described the registered manager, as being friendly, caring, and approachable.
- The registered manager listened to their staff team and responded to any concerns they raised effectively. As a result, staff were committed and enthusiastic about their work.

Continuous learning and improving care; Working in partnership with others

- People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. People had opportunities to express their views in the annual management and monitoring review. This looked at all aspects of the service and looked for any areas that needed improvement.
- The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. The service worked collaboratively with other services and the registered manager ensured that good practice was shared and acted on throughout the service.

