

Better Lives (UK) Ltd

Bluebird Care (Huntingdonshire)

Inspection report

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Date of inspection visit: 23 January 2019

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Ratings

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Overall rating for this service	Good •
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 23 January 2019.

At our previous inspection of Bluebird Care (Huntingdonshire) on 12 January 2018, the service was rated 'Requires Improvement'. There was also a breach of Regulation 18 of the CQC Registration Regulations (2009). We asked the provider to complete an action plan to show what they would do and by when to improve the key question is the service well-led to at least good. They sent us an action plan and told us they would make these improvements by 20 February 2018.

This was for the following reasons because we had not always been informed about events that we should have been. We carried out a focused inspection to check if improvements had been made.

At this inspection, we found the service had made the necessary improvements under the key question is the service well-led, which is now rated as 'Good'.

Bluebird Care (Huntingdonshire) is a domiciliary care service and provides personal care to people in their own homes. At the time of our inspection, there were 18 people using the service.

Bluebird Care (Huntingdonshire) operates from an office based on the outskirts of Huntingdon.

Not everyone using Bluebird Care (Huntingdonshire) received a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service was well-led. The registered manager and provider had notified the CQC about incidents they are required to. Improvements had been made in the way the provider worked with others involved in people's care. Procedures and policies that were in place had been adhered to. Quality assurance systems were effective in identifying incidents that we needed to be informed about. The provider was correctly displaying their previous inspection rating.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Audits and governance systems were effective in identifying incidents that needed to be reported to the Commission.

The service had improved to Good. We had been informed without delay about events that we needed to be told about.



Bluebird Care (Huntingdonshire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 23 January 2019. This inspection was undertaken by one inspector.

We gave the service 48 hours' notice of the inspection site visit as the service is small and the registered manager is sometimes out caring for people. We needed to be sure they were in.

Before the inspection the provider was not requested to complete another Provider Information Return (PIR) following the one they submitted in 2017. We looked at other information we held about the service including notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 23 January 2019 we spoke with the registered manager, a care coordinator, a director of the service and four care staff, three of which were by telephone.

We looked at care documentation for four people using the service and three people's medicines' administration records. We also looked at records relating to the management of the service. These included records associated with audit and quality assurance, accidents, incidents and complaints.



Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in January 2018, the provider and registered manager had not ensured we were always informed without delay, about events that we should have been.

At this inspection on 23 January 2019, we found improvements had been made. The service had a clear and effective governance framework. Various systems were used to monitor the quality and safety of the service. We saw that because of this governance, the provider had notified us of events that occurred. They were prominently displaying their previous inspection rating in the office and on their web site. This showed us they were aware of their responsibilities.

The registered manager had implemented a more robust system for ensuring they liaised better with others involved in people's care. For instance, community nurses providing care for people with pressure sore areas. One staff member said, "We now know that it doesn't matter how small the incident seems to us, we always record it and inform the [registered] manager straight away." Another staff member told us, "There is an open culture to report incidents to the [registered] manager. I am sure they would inform the CQC when I tell them about certain events."

Audits were used to ensure that any incident that we needed to be informed about, was reported to management staff without delay. For example, to check if any gaps in people's medicines records were just a recording issue or it was because medicines had not been given. The registered manager told us they used a text messaging system to inform staff of their responsibilities if a person was at risk due to their health condition. This reminded staff to let the registered manager know if we needed to be told about changes to the person's health.

The provider took on board learning from incidents and their CQC inspection reports. A director told us they had implemented improvements with more effective audits and recruiting a 'quality' manager. This was as well as, supporting the registered manager over the phone and once-weekly visits to the office. One staff member told us that they had spot checks on their work. This was also an opportunity to check medicines records and if the person had all their medicines as prescribed. Staff had adhered to the provider's policies for reporting incidents to the registered manager. This was so the registered manager could decide exactly what needed to be reported to the CQC.