

Sandwell Wellbeing Limited

# Bluebird Care Sandwell

## Inspection report

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16 January 2020

17 January 2020

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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 Sandwell is a domiciliary care service providing personal care to older people, people with physical disabilities or people who may have a diagnosis of dementia. People are supported in their own homes, at the time of the inspection 12 people were receiving personal care.

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 felt safe and staff had good knowledge of safeguarding processes. Staff had been recruited safely. There was a system in place to monitor missed or late calls. Care plan and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

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.

People were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's and their relatives were involved in the review process. People's personal preferences were identified in their care plans. People were involved in decisions about their care.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

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

This service was registered with us on 31 January 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Sandwell

## 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 carried out by one inspector.

#### Service and service type

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

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 January 2020 ended on 17 January 2020. We visited the office location on 15 January 2020.

#### 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care coordinator and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for 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 and their relatives told us they felt safe. One person told us they "always felt safe". A relative told us, "They [staff and managers] help us with [person's] wellbeing and keeping them safe."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to [registered manager]."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.
- The registered manager carried out an environmental assessment, at people's homes, before agreeing to any new support package. This ensured the home was safe for the person and staff, this was documented in people's care plans.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- The management team had a system in place to monitor missed or late calls. People told us they were given notice if calls were late, but it did not happen often. One person said, "They [staff] are always on time, on the dot. They will call if they are going to be late. I could contact [care coordinator] or [registered manager] if someone didn't turn up."
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. Where staff had conviction on their disclosure and barring checks (DBS), this had been identified by the management team. A risk assessment had been carried out which meant any risks posed by the staff member had been considered and assessed. The Disclosure and Barring Service helps employers make safer recruitment decisions.

Using medicines safely

- Records showed medicines were managed safely and relatives told us they their loved one's medicines were managed safely.
- Staff understood their responsibilities in relation to medicine management. Staff told us, and records

confirmed, they had received medicines training. Staff had their competency assessed to ensure they undertook safe medicine practice.

#### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them. One staff member said, "We wash our hands, use the hand gel and wear aprons and gloves. One person likes us to wear shoe protectors, so we do this."

#### Learning lessons when things go wrong

- Bluebird Care Sandwell was a new service and the registered manager felt they had had a positive first year. They told us they had changed the way they introduce staff to people following feedback from the people they supported. The registered manager told us staff were introduced to people, to put them at ease, before carrying out any personal care tasks.
- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

# 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.

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 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.

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 registered manager told us that no one was being deprived of their liberty so did not require an application to be made to the Court of Protection.
- People and their loved ones told us they were able to make choices about their day to day care.
- Where people had a lasting power of attorney (LPA) in place, all the correct documentation was in their care plan to evidence who could make decisions on their behalf. A LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
- Staff had received training in mental capacity and DoLS but could not always tell us the principles of the MCA. When given specific examples, staff could tell us how they would ensure they sought consent from people and knew that people had the right to make their own decisions. We discussed this with the registered manager who said they would provide some opportunities to refresh the staffs training and learning in this area.

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

- People's physical, mental and social needs were assessed and documented in their care plans and risk assessments.
- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- The provider used technology and equipment to enhance people's experiences. For example, the provider was trialling a system called 'care assist'. Care assist can be used to take observation such as blood pressure



and oxygen levels and staff can be trained to use it. Care assist could be used for people who had known health conditions with the aim of identifying early warning signs of health deterioration and preventing hospital admissions.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A person said, "The staff are excellent."
- Staff understood their responsibilities and what was expected of them. Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. For example, staff had training in dementia, diabetes and falls.
- Staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Staff supported people to maintain a healthy balanced diet where required and to have choice in what they ate. A relative told us, "We prepared food before [staff arrive]. Sometimes the carers may prepare something different if [person] fancies that."
- The provider had a system that allowed them to monitor people's food and fluid intake where needed. The registered manager showed us how they could set up alerts to tell them if people had not had food or fluids when the staff visited. This meant, if someone was at risk of poor food or fluid intake, they had the ability to pick up early signs and prevent people becoming malnourished or dehydrated.

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

- Where needed, staff would support people to access community healthcare professionals such as the GP and occupational therapists. This enabled people to have their health needs met by external professionals.

# 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 felt well supported and relatives felt people were treated with kindness and compassion. A person said, "These [staff] are very caring, gentle and excellent." A relative told us, "[Staff are] very friendly, very personable, talkative, and always have conversations. They engage with [person]. They always appear very presentable and professional." Another relative said, "It's like family the way the staff treat [person]."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to what I have to say."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "I told the [registered manager] this is what I want. While I was speaking they were recording it. The carers were informed this is what I need, and they make sure I get what I want."
- Staff had the time they needed to provide compassionate support, and this was helped by good rota planning. A relative said, "If [person] is not well, the carers will take their time and tell [person] not to rush. [Person] is treated as a person and not a job number. They are always on time."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "They [staff] are very very careful, they look after my dignity." A relative told us, "Myself and [other relative] have been there on occasions with staff and they always close the door when they support [person] with care tasks. Although they know we do the same tasks, they preserve that dignity and close the door."
- There had been one instance where a person's dignity had not been upheld. The person's relative had discussed it with the registered manager and they had acted appropriately to resolve the concern and ensure it did not happen again.
- People and their relatives felt staff encouraged them with independence. A person said, "What I can do myself I do, oh yes the staff encourage me [to do it]."
- People's care records were kept securely on an online system. Staff had access to people's information via their mobile phone and this information was shared with staff on a need to know basis. This ensured people's confidential information was safe.

# 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 meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were involved in the review process and making decisions about their care. A person said, "I have had a review, maybe two reviews." A relative told us, "We had an initial call within a couple of days of service starting, then a telephone review with [registered manager] about 2 weeks in. Then we have had a review of services and provision and met with [registered manager]."
- Peoples care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.
- Technology was used to monitor peoples care calls. This enabled the management team to ensure peoples support was received on time and for the allocated amount of time they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents, braille and large print.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. A person said, "Yes I do [know how to complain]. They [provider] gave me phone numbers I can call whenever I want to complain, or I can put it in writing."
- The provider had a complaints policy and procedure and people, and their relatives told us they had been given a copy. There had been no formal complaints since the service began.

End of life care and support

- No one was receiving end of life care at the time of the inspection. There was an option for people's end of life wishes, and preferences to be recorded in their care plans if necessary.

# 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 staff and registered manager demonstrated a person-centred approach for the people they supported. People told us they had choice and control and were involved in day to day decisions.
- Staff felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "Yeah I think [registered manager] is very good. He is very easy to talk to and explains things to us."
- Staff practice, culture and attitudes were monitored. The registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

- The registered manager told us, and records confirmed, audit had taken place and action plans had been created that identified areas of improvement. When actions were achieved, this had been recorded on the audit.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision, we saw schedules reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were given the opportunity to give feedback via surveys. This gave them the chance to express their views and opinions. These surveys showed positive feedback and comments included, "I do not worry about my[relative] as much now as I know they are in capable hands", "I have noticed a huge difference in the quality of life of my [relative since using Bluebird]" and, "The carer assigned to me is extremely gentle, caring, polite, foresighted and above all very jolly and chatty."
- Where people requested, the staff had communicated with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive

outcomes for people.

#### Continuous learning and improving care

- The registered manger told us as the service was new they were always looking at ways to develop the service and continuously improve. For example, they were considering additional training for staff. They felt this would provide the staff with more in-depth information and provide training in more areas. The aim was for staff to enhance their knowledge base.

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 understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.