

Buadu Limited

# Bluebird Care (Northwood & Ruislip)

## Inspection report

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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 (Northwood & Ruislip) is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 52 people. Not everyone who used the service received personal care. The Care Quality Commission 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 told us they felt safe, treated with dignity and respect and supported by staff who were caring. People said their care needs were met. Their care plans were developed with them and set out their likes, care preferences and communication needs. People were supported with their medicines safely.

Staff received regular training, supervision and competency checks. This included safeguarding adults training and staff knew how to report potential abuse concerns. They felt supported in their roles. The registered manager made sure there were enough staff to support people.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. People and their relatives knew how to make complaints and managers responded to these.

The service worked in partnership with other professionals to meet people's needs and help them to access healthcare services.

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.

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 28 May 2020 and this was the first inspection.

### Why we inspected

We inspected this service in line with our inspection methodology based on the date of registration.

### Follow up

We will continue to monitor information we receive about the service until we return to visit. 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?**

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 (Northwood & Ruislip)

## **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

This inspection was conducted by one inspector and an 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

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

This inspection was unannounced. Inspection activity started on 26 October 2021 and ended on 12 November 2021. We visited the office location on 27 October 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since it was registered. We used all of this information to plan our inspection.

#### During the inspection

During the inspection visit we spoke with the branch manager and the registered manager. We looked at a range of care records, including six staff recruitment files, and a variety of records relating to medicines support and the management of the service.

#### After the inspection

We spoke with three care staff, seven people who used the service and relatives of three other people who used the service. We looked at training and service management information. We spoke obtained feedback from three health and social care professionals who had worked 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.

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.

### Staffing and recruitment

- We received mostly positive feedback from people about the timings of their care visits and no one reported missed calls. For example, one person said, "They are most certainly good on time, never missed me and never go early." One person told us they sometimes experienced late care visits which meant on those occasions the care staff were rushed. We raised this with the registered manager so they could address this.
- Most people said they are consistently supported by the same staff. This meant they could develop relationships of trust with staff who knew their care needs.
- The provider had completed appropriate recruitment checks with new staff, including ascertaining their employment history and checks on any criminal records. This helped to make sure they only offered roles to those fit and proper applicants.

### Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their safety and well-being. People's risk management plans considered issues such as their health and mobility needs, medicines and the equipment they used, and actions for staff to lessen these risks. These plans were reviewed and updated regularly. Staff recorded periodic checks and servicing of people's equipment to help ensure it was safe to use, such as a person's hoist or wheelchair.
- People told us they felt safe with the staff who visited them. One person stated, "[I feel] very safe. They make sure when taking me to have a bath or shower that I cannot slip and make sure everywhere is dry."
- People had fire evacuation plans in place. There were business continuity arrangements in place to help the service continue in the event of an emergency, such as a computer systems failure or significant staff illness.

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

- There were systems in place to safeguard people using the service from the risk of abuse. People and relatives told us they felt people were safe.
- Staff we spoke with knew how to recognise and respond to potential abuse concerns. This included reporting concerns to other agencies.

### Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection. These included supporting staff to isolate when required.
- Staff were provided with personal protective equipment (PPE) so they could support people safely. This

included masks, gloves and aprons. The provider had enough PPE in reserve to meet ongoing staff requirements and cope with a disruption in supplies. Staff said they always had access to PPE supplies when they needed, "we've never been in short supply." Staff received information and supervisions on how to use the PPE safely. Senior staff regularly checked care staff wore this appropriately.

- Staff completed weekly COVID-19 tests each week and the majority had received COVID-19 vaccinations. The provider encouraged staff to access these. One care worker told us, "They were encouraging and educating us."
- The provider was maintaining a COVID-19 safe office environment at the time of our inspection.

#### Using medicines safely

- People were supported to take their prescribed medicines safely.
- The provider used a digital medicines administrations records (MARs) system to help them monitor people's medicines support in real-time. Staff completed this appropriately to document they had supported people. We saw senior staff monitored the system, audited records regularly and took prompt action to address issues they picked up.
- The system provided staff with information about people's medicines to help them administer these and look out for issues people might experience, like side effects.
- Staff completed medicines support training and the provider assessed and monitored their competency to do this. People said staff supported well them with medicines. A person told us, "They give me my tablets as instructed on time and correctly" and a relative said, "Yes, they do this ok, they get them out and give them to [the person] with a drink and watch them take them."

#### Learning lessons when things go wrong

- The provider had a system for responding to and recording incidents and accidents. Staff recorded what had happened and the actions taken, including other agencies they involved. For example, calling paramedics if they found someone had experienced a fall. The registered manager monitored these records to identify learning for service improvements.

# 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.

- People were supported in line with the principles of the MCA.
- The provider worked with people's families when making a decision in the best interests of a person who lack mental capacity. Relatives had a Lasting Power of Attorney (LPA) for health and welfare matters where people did not have the mental capacity to consent to their care arrangements. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw the provider was updating some people's care plans to a more comprehensive format to improve the recording of these LPA arrangements.
- Staff demonstrated they knew people had the right to make their own decisions and could describe how they supported people to make choices about their care and support. A person remarked, "They don't do anything unless asking me first." A relative observed, "They all have a lovely way with [family member] and won't do anything against [their] wishes."

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

- The provider assessed people's needs to see if the service could support them. Assessments included aspects such as people's mobility, personal care and medicines support requirements and then formed the basis of people's first care plans. These considered people's protected characteristics under the Equalities Act 2010, such as their age, gender, religion, and ethnicity. Senior staff regularly reviewed care plans with people to ensure they were up to date.
- Care staff told us the assessor took time to introduce them to people new to the service to help them understand their care needs and preferences. Staff appeared knowledgeable about people's needs.

Staff support: induction, training, skills and experience



- Most people told us they found their care staff trained and competent. Their comments included, "Well trained and skilled in my opinion" and "I can see they are well trained in the way they properly use my hoist to lift me safely."
- Staff completed a range of training that included dementia and end of life awareness, health and safety, moving and handling. Staff said they found the training useful and felt they could ask for more if they needed it. The registered manager stated they were looking to introduce mental health first aider training to support staff mental well-being.
- New care staff completed an induction to the role. This included completing mandatory training and shadowing experienced staff, undertaking the care certificate, for example. The care certificate is the nationally recognised induction standard for staff working in care settings. A care worker told us the induction was helpful and added, "It was really good and everyone has helped me out."
- Staff received periodic supervisions to discuss their role and performance and said these were supportive.

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

- Staff supported people to eat and drink where this was part of their agreed care arrangements.
- People's care plans noted their specific requirements for food and drink, such as when a person wanted sweetener in their drinks or when staff should avoid certain foodstuffs because of a person's beliefs. Daily records indicated care workers respected these choices and preferences. Staff also recorded people's fluid intake and output where required, for example when supporting a person to use their catheter.

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

- The service worked in partnership with healthcare professionals, such as nurses, GPs and pharmacists, to help people access healthcare services and maintain their health. The branch manager and professionals we spoke with felt they had a good working relationship.
- Care staff described how they monitored a person's well-being or helped people to liaise professionals, such as when accessing new mobility equipment.
- People's care plans set out when people needed support to manage their oral hygiene and records of daily care noted this was provided.

# 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 staff treated them well. They told us, "I am happy with the care staff, all brilliant and well trained and caring and compassionate" and "They are brilliant, couldn't be better. Very caring and [my] current carer is like having a member of the family with me." A relative remarked, "When they have finished [family member] is all smiles and even does a jig so I think that reflects on how they all are." An adult social care professional stated, "The care staff are very polite, forthcoming and very experienced."
- People's care plans documented personalised information such as people's religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care. People said staff enabled them to make decisions on a day to day basis. One person commented, "I decide if want a bath or shower and they will do what I ask of them, how I want to have things done."
- People were included in reviewing their care plans and this gave them opportunities to make decisions about care arrangements. One person said, for example, "[My] care plan is all up to date and I input to it and speak to them about it" and relatives told us they were involved in reviews as well.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted their privacy and dignity. One person said, "They keep me covered as best they can and show complete respect to me." Another stated care staff were: "Very respectful [and] they always close curtains and ensure my privacy when washing me." Staff also explained how they upheld people's dignity and privacy, such as when providing personal care.
- Staff encouraged people to do things independently, such as washing themselves. A relative stated, "By having such a great way with [family member] and making them smile and cheerful this enhances their independence in my book."

# 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; 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

- We received mostly positive feedback from people saying they received care that met their needs and preferences. Some people told us when they had not been happy with a care worker they raised it with the provider who was addressing their concern. However, one person told us they did not always receive care visits at the agreed time. We raised this with the registered manager so they could address this.
- People's care plans set out personalised information about their support needs and preferences. For example, one person's plan explained how they wanted staff to approach them when first arriving at their home. Another person's plan described the support they needed when washing and areas of their body it was important for staff to always avoid. Staff said plans provided them with the information they needed to support people.
- People told us they felt involved in their care plans that meet their needs. Comments included, "It is all written down and in order and here" and "The care plan is all up to date and I input to it and speak to them about it." Staff said plans provided them with the information they needed to support people and also described how they encouraged people to have control of their care. One care worker told us, "I say, 'I'm here to help you how you want to be supported. You tell me your ways.'"
- Staff provided activities support to people when this was part of their agreed care arrangements. For example, a person's plan included activities such as walks, domestic tasks and baking that staff supported them to do.
- Records of daily care provided suitable detail about people's care visits, such as how a person was, where they were when staff arrived and what support was provided.

### 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 service supported people to meet their communication needs.
- People's care plans set out their communication or sensory needs. For example, when a person didn't use words to communicate, lived with glaucoma (a condition affecting their eyesight) or was hard of hearing. Plans recorded how staff should communicate effectively with people, such as how a person indicated they needed the toilet or used a device to type what they wanted to say. A relative told us, "I feel quite safe with

them looking after [family member] as they are deaf but they communicate well with [the person]."

Improving care quality in response to complaints or concerns

- People said the provider had given them information and contact details for making complaints and they knew how to raise any concerns.
- People said when they reported an issue then senior staff addressed this promptly. One person commented, "I have full faith in [member of staff] sorting the issues out."

End of life care and support

- People were not receiving end of life care at the time of our inspection. People's care plans included information about their end of life preferences when they had chosen to share this with the provider.

# 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.

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

- The provider and registered manager carried out a range of checks to monitor safety and quality and make improvements when needed. These included periodic audits of the service, checks on daily care notes and staff records, and telephone calls to people and their relatives. We saw the managers addressed issues these checks found.
- Senior staff conducted unannounced observations of how staff worked in people's homes. Detailed records showed these checked issues like staff punctuality, use of PPE, their checking of the care plan and previous care notes, and how they got on with the person.
- There was a registered manager who managed a number of the provider's branches. The branch manager was in the process of applying to the CQC to become the registered manager of this service. The managers notified the CQC of significant events as they are legally required to do.

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

- Most people spoke positively about their experiences of the service. Their comments included, "So far I have found them all very kind and understanding and would recommend" and "Certainly runs well for me and would recommend them."
- Staff felt supported by their colleagues and senior staff. They could get advice when they need to. One care worker remarked, "Anything time I needed anything there's always someone to call for advice." Staff reward and recognition initiatives aimed to motivate staff and promote providing good care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 staff and managers demonstrated a commitment to providing good care and took action when things had gone wrong. Care workers said the branch manager "has put a lot of time and a lot of effort into everything" and "genuinely cares about customers and about us."
- People told us they felt involved in their care service and most people said they could contact the provider when they needed to. A relative said the office team was "very easy to contact and very efficient in dealing with anything." People said, "They respond quickly to anything" and "No problem with contacting the office at all about anything."
- People and their relatives could also access the digital care planning system so they could see up to date

records of the care people had received. This helped to keep relatives informed about people's care when they could not visit them.

- The provider sent people and staff questionnaires so they could provide feedback about the service. Recent questionnaires we saw showed positive responses from people about staff being on time and polite and that people knew how to raise concerns. A care worker had commented, "I enjoy my job very much, it makes me feel good knowing I have made someone else happy."
- The branch manager held regular team meetings and staff had opportunities to discuss the running of the service. We saw meetings were used to discuss topics such as staff and people concerns, on-call issues, COVID-19 updates and training and staff had opportunities to influence the running of the service. Regular newsletters also kept staff informed about the provider and the service.

#### Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as occupational therapists and pharmacists. Professionals told us they could always contact the staff for their involvement when they needed to. This helped people to receive joined-up care to meet their needs.