

ENM Limited

# Bluebird Care Birmingham North

## Inspection report

Enterprise House, 656 Chester Road  
Erdington  
Birmingham  
West Midlands  
B23 5TE

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18 June 2019

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23 July 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bluebird Care Birmingham North is a domiciliary care service providing personal care to five people aged 65 and over at the time of the inspection. Some people were living with dementia. The service delivers personal care to people in their own homes.

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

The service had experienced a period of change since the last inspection with a significant number of staff and people choosing to leave the service. A new management team was now in place, including a new registered manager, and good progress was being made to address the concerns we highlighted at the last inspection.

Further improvements need to be made to ensure the service recruits and retains a more consistent staff team so that people can develop relationships with staff that know them well. Improvements are also required to ensure complaints are handled consistently and outcomes clearly communicated to all those involved.

New carers had been recruited to the team and had received a good induction and training programme. The provider was now following safe recruitment procedures and people were now receiving the right medication on a consistent basis.

Staff monitored people's health needs closely and worked well with healthcare professionals to ensure people received the right support.

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.

Staff treated people with care and respect and understood how to promote people's dignity and independence. People and their relatives felt that calls were no longer rushed and appreciated the way new staff were completing additional tasks which made people feel well cared for.

Care and support plans had been reviewed and were now a more accurate reflection of people's wishes and preferences. This enabled staff to deliver more individualised care to people.

Improvements had been introduced to the systems for monitoring and checking the quality of the service.

This meant that some concerns were being picked up more promptly and action taken. However, more time was needed to ensure these systems were fully embedded and improvements could be sustained. The provider had accepted responsibility for the findings of the last inspection and focussed on implementing a comprehensive plan to improve the service.

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 (and update)

The last rating for this service was inadequate (published 23 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 23 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The inspection was also prompted in part due to concerns received about staffing levels and how the service was managed. A decision was made for us to inspect and examine those risks.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bluebird Care Birmingham North

## **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 two inspectors.

#### Service and service type

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

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 17 June 2019 and ended on 18 June 2019. We visited the office location on 18 June 2019.

#### 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. This is information providers are required to send us with key

information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection,

#### During the inspection

We spoke with one person and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, care co-ordinator, care workers and administration staff.

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Staffing and recruitment

- People and their relatives shared concerns about how many staff had left the service in recent months. One person said, "They have lost a few of my favourite staff which is a shame." A relative told us, "A lot of the staff my husband knew have left." This meant that people were not yet receiving consistent care and support from familiar staff.
- We spoke to the provider about this who acknowledged that a number of experienced staff had left. They had taken action to recruit new staff which was ongoing, and three new staff were now in post who had completed all of their induction programme.
- People received care and support at the right times and were informed if staff were delayed in any way. One member of staff told us, "There's plenty of time to get round to see all of the clients. I haven't had any missed calls and if I run a bit late because of the traffic, I let the office know and they call the client."
- We found that improvements had been made to recruitment procedures and the provider had now carried out checks to ensure that staff employed at the service were suitable to work with people using the service.

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

- Prior to the inspection, we had received information that a member of staff had not shared a safeguarding concern with managers. We spoke to the provider about this and action had been taken to ensure staff knew about the importance of doing this. We saw that more recent concerns had been reported promptly.
- Staff were able to tell us about potential abuse and what signs they would look out for. One member of staff told us about they had raised concerns with CQC and the local authority in a previous job.

### Assessing risk, safety monitoring and management

- People were now safer as risk assessments had been improved since the last inspection. Staff were able to tell us about the individual risks to people and what steps they took to ensure people were kept safe. One member of staff said, "The manager does the risk assessments and we read them from the care plans."
- Risk assessments were reviewed and amended when people's needs changed.

### Using medicines safely

- We found that improvements had been made to medication procedures. Staff now ensured people received their medication at the right time. Records showed that doses were not missed.
- Staff had been trained to give medication safely and the registered manager checked staff competence

before they were allowed to give people their medication.

#### Preventing and controlling infection

- Staff had been trained on how to prevent the risk of infection and knew how to control this risk.
- One member of staff said, "They supply us with all the equipment we need, gloves, aprons, hand gel etc."

#### Learning lessons when things go wrong

- Improvements had been made to the recording of incidents and accidents. This enabled the provider and the registered manager to take steps to ensure the service learnt lessons when things had gone wrong.
- For example, regular risk assessment meetings were held which looked at any incidents and agreed any actions that were needed.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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's needs had been reassessed since the last inspection to make sure care plans reflected people's current needs, wishes and preferences.
- Staff had a good understanding of people's needs and were able to use the care plans to deliver personalised care. One member of staff said, "Each person has a care plan which tells us how they like to have their care done, what they like and they also let me know themselves."

Staff support: induction, training, skills and experience

- We found that improvements had been made to staff induction and training. For example, new staff who had started since the last inspection had received a full induction programme. This meant that staff were confident in delivering people's care and support. One member of staff told us, "I went around with staff for four or five days shadowing before I went out on my own."
- Staff told us they thought the training was helpful. One member of staff told us, "The training is really good here. I think we're trained to a high standard." Records showed that care staff had completed all of the mandatory training expected.
- Staff were now supported by managers and had the opportunity to discuss their learning and performance in supervision sessions. One member of staff told us, "I have supervision every week. It's good, they listen to me and I get to say how I am feeling about things".

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

- People and their relatives told us that staff helped them to eat and drink enough. One relative said, "They [the staff] offer [person's name] lots of snacks and drinks all the time. They need this due to their bone condition".
- Staff gave people a choice of what they wanted to eat to make sure people enjoyed their food.

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

- People's health was promoted. Staff took care to monitor people's health and referred any concerns to healthcare services when required. One relative told us "The staff contacted the district nurse to get some tablets and when these didn't work, they spoke to the GP which was great."
- Staff were able to tell us about people's health needs and how they would raise any concerns. One member of staff said, "We're always looking for changes to their health. If they have lost a bit of weight or

seem unwell, I record it in the notes and tell the manager".

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff understood the MCA and how they went about making sure people gave consent to support. One member of staff told us, "I talk through and explain everything I am doing for people."
- Staff had received training in MCA and were able to apply this learning to their work.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Most people and their relatives told us they were happy with the way care was delivered by staff. One person said, "The staff are very kind and caring." Some relatives praised the staff for completing additional tasks such as making sure people's hair was done before they left.
- One relative was not as happy and thought some staff were not as polite as others. They told us they had raised this with the provider and these staff had not returned to deliver their care since.
- Staff told us how much they enjoyed their jobs and how they ensured people were happy. One staff member said, "I'm always talking to people, asking if they are ok and if they need me to do anything. I make sure they are well cared for".

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

- Staff gave people the opportunity to make choices about their care and support. People told us they could make choices around the times they wanted calls, what they wanted to eat and what they wanted to wear.
- Records showed that the provider called people and their relatives on a weekly basis to see if they wanted to make changes to their care. One member of staff told us, "I ask them how they like things doing."

Respecting and promoting people's privacy, dignity and independence

- During the last inspection, some people told us they felt staff rushed them. At this inspection, feedback was more positive and staff felt they had more time to deliver care that was more dignified and respectful.
- Staff understood how they could protect people's privacy and the importance of encouraging people to do things for themselves where possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- It was not clear how complaints that had been received since the last inspection had led to improvements in the quality of care as outcomes were not always recorded. The majority of the complaints received were related to staff concerns about pay and conditions.
- Since the last inspection, the provider had introduced a new complaints policy and procedure which set out how complaints would be dealt with. Records showed that not all complaints were recorded in line with this policy but the nature and detail of the complaints were listed.
- People and their relatives had mixed views on how well they were listened to. One relative said, "I do speak to the manager by emailing and calling and they always respond." However, one person told us the provider did not always contact them when they wanted them to.

End of life care and support

- No-one was currently receiving end of life care but the provider had a policy in place which outlined how end of life care would be provided.
- Staff had received training in how to deliver end of life care and the provider was working towards achieving external accreditation for best practice in this area.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided care and support in line with people's needs and preferences. Care plans were changed when people's needs changed and staff were aware of any changes. One relative told us, "[Person's name] is becoming more confused but they manage her routine really well."
- The provider had recently purchased an electronic system for storing care plans and records. This enabled staff to be notified promptly if people's needs, such as their medication, had changed.
- Staff understood the importance of delivering person centred care. One member of staff told us, "The customers are all different and like things differently; they are not all the same so we should not treat them as if they are."
- Care files had evidence that people and their relatives had been involved in developing care plans.

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.

- Care plans recorded people's communication needs so that staff could ensure communication was effective
- The provider had introduced new ways of keeping people and their relatives informed about the service and any changes that were being made. This included a newsletter which was offered in different formats so that people could understand.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant that some of the new systems and processes introduced since the last inspection needed further time to become fully embedded. Improvements made had not yet been sustained over a period of time.

### Continuous learning and improving care

- A range of quality checks had been introduced since the last inspection which meant managers now had a better understanding of the quality of the service being delivered. These included spot checks on staff, medication audits and monitoring late calls. However, some issues identified at this inspection such as monitoring complaints and completing end of life care plans had not been identified.
- A number of staff had left the service since the last inspection. There had been no analysis completed to identify why staff had left so that action could be taken to mitigate the risk of more staff leaving the service.
- The electronic information system now gave managers the opportunity for constant monitoring of the service. One member of staff said, "The real time monitoring has made a difference and we can now spot issues and concerns straight away." This meant that people were receiving a more responsive service.
- The registered manager recognised that a lot had to be done to address areas for improvement in the service but that this work was well underway. They told us, "It felt like we had to start from scratch again so that we can build on a more sound foundation."
- The registered manager praised the support they had been given by the provider and the franchise company which had enabled improvements to be made.

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

- People and their relatives did have some concerns about how the service was run. For example, relatives reported problems with the accuracy of invoices, although did add that these were resolved. One relative said, "There has been quite a few issues with billing when they have charged for calls that have not happened but this is improving."
- Another relative was concerned about whether one or two staff were required for their family member's morning call. We spoke to the registered manager and provider about this who agreed to make a more formal agreement with the family so that the relative understood what was planned and what it would cost.
- The provider had appointed an experienced registered manager since the last inspection. Relatives and staff told us that this has had a positive impact on staff morale and teamworking. One member of staff said, "It's really nice here, I love it and feel I have fitted in really well. All the office staff are lovely and they'll do their best to sort things out for you".

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

- Action was now being taken to address areas of concern highlighted at the last inspection which was leading to improved outcomes for people. For example, we saw that medication errors had reduced significantly in recent months. The registered manager told us, "We found lots of errors and have had to work hard. Some staff have left as they did not like being pulled up".
- People and their relatives were more positive about the quality of the service compared to the last inspection. Typical comments included "I would recommend the service to anyone" and "I can leave my relative and go away without worrying."

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

- Records showed that the service had notified next of kin and CQC when any incidents had occurred.
- The provider told us they had been very open with staff and people about the findings of the last inspection and that some people and staff had decided to leave the service as a result of our concerns.

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

- People and their relatives told us they felt more informed about their care and support. For example, relatives were now able to read care plans and records via the new electronic information system. This enabled them to check which staff had called and how long they had stayed. Newsletters were also now sent out so that people and relatives were kept up to date with any changes to the service, such as new staff being employed.
- People and their relatives were contacted on a weekly basis for any feedback on the service and managers looked at responses for any action that was required. We saw that feedback was consistently good. One member of staff said, "I know the managers get feedback from clients too, to see if I am doing a good job."
- Staff told us they now felt they were listened to and that their opinions were valued. One member of staff said, "We have staff meetings every three weeks and if there are any issues or concerns, they (the registered manager] get them sorted pretty quickly."

Working in partnership with others

- The registered manager told us the service had good working relationships with other professionals such as district nurses and social workers which benefitted people.
- The provider was starting to make other links in the community, such as day centres and local charities and was hoping to see these develop in the coming months.