Audagio Services Ltd

Bluebird Care (Southampton)

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bluebird Care (Southampton) is a home care service providing personal care to people in their own homes. At the time of this inspection there were 66 people 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's care and support was exceptionally caring. There was a strong focus on people's rights, and respecting them as individuals. The provider supported staff to meet and exceed people's expectations, and to respond to emergencies in a caring way. Everybody we spoke with said they would recommend the service.

The service was well led with focus on continuing improvement and establishing a "one team" approach to delivering care. This meant the provider put equal emphasis on caring for people who used the service and staff who supported them with a number of initiatives which promoted high-quality, person-centred care. People spoke highly of the registered manager. One person said, "The manager is very good. She says if there is anything else we can do, let me know."

People received care and support that was safe. People were protected from avoidable harm and abuse by staff who were aware of their responsibilities to report any concerns. People felt safe and were protected against other risks to their health and welfare, including risks associated with infectious disease.

People received care and support that was effective and based on detailed assessments and care plans which reflected published guidance and standards. 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's care and support, including care to people at the end of life, met their needs and reflected their preferences. Care plans were detailed and individual to the person. Care planning took into account people's communication needs. People knew about the provider's complaints process and how to use it if they had concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (published 30 September 2017).

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

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?

Outstanding ☆

The service was exceptionally 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 (Southampton)

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 team comprised an 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 home 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 a short period notice of the inspection so the registered manager could seek people's consent for us to contact them by phone during the inspection.

Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection
We reviewed information we had received about the service since our last inspection. This included the last inspection report, notifications of certain events which the provider is required to tell us about, and

testimonials about the service on a public website. 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 used all of this information to plan our inspection.

During the inspection
We spoke with 17 people who used the service and relatives who were closely involved in the person's care. We spoke with the registered manager, the nominated individual and two members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from a healthcare professional who worked with the service.

We reviewed a range of records. We reviewed three people's care records in depth and sampled a further 10 sets of care records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service, including policies, procedures, and online systems for care planning and recruitment processes.

After the inspection
We continued to review records given to us by the registered manager during the inspection. We used all the evidence from our inspection visit and assigned a rating based on our published characteristics of ratings.

Good

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse or avoidable harm. The registered manager and staff were aware of their responsibilities to protect people. Training was in place to inform staff about the types of abuse, and signs to look out for. Staff were confident if they had to raise a concern it would be dealt with properly.
- People using the service felt safe. They told us they were very confident staff knew how to support them in a safe way. One person's relative told us, "Sometimes I will pop out to the local shop while [care workers] are here. I have no qualms about leaving them with my husband. He is perfectly safe with them." Another person said, "I do feel safe with them. There are always two together, and they are very good and careful with me."

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. These included risks associated with medicines, and moving and positioning. There were individual care plans to manage risks. Staff had the necessary information to reduce and manage risks.
- The provider had risk identification and assessment processes in place to manage risks associated with supporting people in their own homes. These included a business continuity plan which had recently been updated to include pandemic planning. The provider had risk assessed and identified those people whose needs meant they were high priority to continue to receive care in an emergency.

Staffing and recruitment

- There were sufficient staff to support people safely according to their agreed rotas. People told us they always had their planned calls on time. Nobody we spoke with could remember a missed or late call.
- There was a suitable recruitment process in place. The provider made the necessary checks that applicants were suitable to work in the care sector and kept records of checks as required by regulations. The provider had involved people using the service in recruitment by asking them which questions candidates should be asked in interviews. People could be confident staff were suitable to work in the care sector.

Using medicines safely

- The provider supported people to take medicines as prescribed and in line with their preferences. Staff received training and a competency assessment in medicines administration. They then had their competency re-assessed every three months.
- Arrangements were in place to support people to take responsibility for their own medicines if they wanted to. One person told us, "I have to take four tablets in the morning. They pass the box to me to take."
- Accurate records were kept of medicines administered. Appropriate records were in place for medicines

prescribed to be taken "as required" and for creams and ointments. Staff recorded medicines administered directly onto a computer system which meant records were checked daily. This meant any errors were identified promptly and action taken if necessary.

Preventing and controlling infection

● Appropriate measures were in place to protect people from the risk of infection. Staff used personal protective equipment (PPE) such as disposable gloves and aprons. The provider had six months' contingency supplies of PPE. The provider had more specialist PPE available where people's care plans and risk assessments indicated it was necessary. They had recently increased stock of items such as hand sanitizer in anticipation of increased need arising from their pandemic contingency planning.

Learning lessons when things go wrong

● The provider had processes and procedures in place to analyse records of accidents or incidents. There was a computer-based system for the recording and follow-up of incidents. These were reviewed by the registered manager with more serious cases reviewed by a company director. Examples of practical learning from incidents included more rigorous audit processes and more frequent spot checks of staff practice.

Good

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 good. At this inspection this key question has remained 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 care and support was based on individual assessments which informed detailed and thorough care plans. Care plans were reviewed regularly and reflected people's changing needs. People had access to their computer-based care plans.
- People's care was based on current guidance and standards. The provider had a comprehensive set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, NHS and other national bodies.

Staff support: induction, training, skills and experience

- The provider had a comprehensive programme of training in place to ensure staff had the necessary skills to support people. Induction training was delivered in face to face classroom sessions. Induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge up to date.
- Staff had specialised training to support people with specific needs. This included training in skin care, supporting people who took nutrition and fluids through a tube, and the use of a nebulizer to help people take medicines into their lungs by breathing in a fine mist. The nebulizer training had allowed a person to leave hospital for support at home.

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

- The provider supported people to have a balanced diet based on their own choice. Staff prepared meals according to people's preferences and encouraged people to eat and drink enough. The provider had engaged a nutritionist to enable staff to provide informed advice on healthy eating. Where appropriate the provider put people in touch with other services, such as meals on wheels, and arranged adapted cutlery to help people maintain their independence when eating.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other professionals to deliver effective care when people moved between services. People who were ready to leave hospital had a new care needs assessment before they were discharged. Staff advised people when it would be appropriate to contact the community nursing team or other healthcare services.

Supporting people to live healthier lives, access healthcare services and support

- There was focus on enhancing people's wellbeing. The provider arranged events such social gatherings to prevent isolation and loneliness. Staff were informed about other services and agencies which they then

shared for the benefit of people and their family carers. One person's relative said, "Although they come here to help my husband I feel I have learnt from the carers. The way they work and how they help him has helped me to pick up good ideas."

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 and staff were aware of their responsibilities to seek consent and to take account of the principles of the Mental Capacity Act 2005. Suitable training was in place, which meant staff knew to look out for signs people's capacity might be changing. Where people had capacity, records showed they had consented to their care and support.

Outstanding ☆

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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

● There was a strong, visible person-centred culture, with staff in all roles who were highly motivated and offered care and support that was exceptionally compassionate and kind. Each month care staff picked a person for the monthly "sparkle", a treat that went above and beyond their normal care and was individual to the person. Examples included birthday celebrations, a meal out, and flowers. One person knew the registered manager took their dog to the office, and his "sparkle" was to walk the registered manager's dog.

● People we spoke with all said they were extremely well treated by the service. One person said, "The carers are all very pleasant, all of them." They went on to mention a group of four or five staff for particular praise, saying, "They are super." Another person said, "I honestly can't fault them with anything. I used to be a nurse, so I know how people should behave and how to treat people properly. Bluebird Care staff do that."

● There was a strong focus on building relationships with people and their families. The service arranged frequent well-being events for people at local community halls. These included meals, and arts and crafts sessions, which helped build relationships in a way normally seen in residential services. Care workers responded to people's individual interests. One person told staff they would like to learn a second language. Their care worker took them to a café to learn Polish using the care worker's own books.

● The service responded to unexpected events and emergencies in a very caring way, particularly if people had no family contacts nearby. In the case of one emergency in the person's home, care workers made sure the person was safe and comfortable while social services arranged an emergency residential placement for them. The service made sure they had clothes, other belongings and essential supplies with them. In the case of another emergency, care workers brought the person to the office, and gave them dry clothes and a meal, while their family travelled to pick them up.

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

● The service supported people to be involved in decisions about their care and support, including where that was delivered by other agencies. There was a written testimonial which read, "My terminally-ill friend had superb care throughout from well-trained carers who were sensitive to her needs and acted as advocates for her with healthcare professionals." A person's partner told us, "A lady came to the hospital and did the assessment. I have rung her a couple of times and she has always spoken with me and been helpful." Another relative told us, "What I like is that they explain what they are going to do and ask him if it is all right to go ahead."

● The provider had arranged the service to make it easier for people to express their views and be involved in their care and support. People were supported by teams of care workers with a team leader. This meant there was more continuity in their care and they developed relationships and confidence to raise concerns

more quickly.
● The provider sent a visit schedule once a week which meant people knew the names of the care workers who would be calling and the specific times of their calls. This was followed up with a phone call if there were any changes or updates to the rota.
● The provider used a computer-based care planning system which care workers accessed from a hand-held device. This meant changes to people's care plans based on their views were communicated to staff straight away.

Respecting and promoting people's privacy, dignity and independence
● People we spoke with all said staff treated them with respect. One person said, "Mostly I have female carers, but there are one or two male ones who are quiet and thoughtful and treat me well. I like to be called by my second name and they all do this."
● The service anticipated people's needs to offer sensitive and respectful support and care. Staff rotas were arranged so that there was continuity of care workers, including weekends, because people had told the provider this was important to them. The service went beyond expectations in anticipating people's needs, for instance by taking ice creams and drinks to people in hot weather.
● The provider put focus on people's human rights. The provider implemented a human rights-based approach to healthcare known as "FREDA". This included an annual self assessment which covered the areas of fairness, respect, equality, dignity and autonomy. There was also emphasis on the right to life and the rights of staff. Staff had yearly training updates in equality, diversity and human rights. These were supplemented by quarterly equality impact reviews which made sure staff were informed about equality issues such as the rights of LGBTQ+ people.
● A fully embedded approach to human rights led to exceptional support for people. The service provided one person with end of life care at home, supporting the person and their partner's right to family life. The partner had initially resisted having live-in care workers, but staff assigned to this family showed the provider's values of respect, care and sensitivity. The support they gave meant the person stopped being admitted to hospital for repeated infections, and they continued to support the partner after their bereavement.
● Staff were sensitive if people's family carers needed emotional support. One told us, "Last week I had a cold and felt really low. I had a few tears in the kitchen and one of the carers noticed and came to talk to me. She told me to take care of myself. She was very kind. 'We are here for you as well as your husband', she said. That makes such a difference to me to feel supported."

Good

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 good. At this inspection this key question has now remained 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

● Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about people's preferences. People we spoke with were unanimous that the care they received met their needs and sometimes exceeded their expectations. One person said, "The carers are very good. They do more than I need really." Another person said, "The carers provide me with all the care and support I need. I have a good relationship with the carers and often have a good chat and a laugh. They are good company for me during the long days. I am treated as a person." Staff kept records of the care delivered at each call, and these records were checked and audited by senior staff daily.

● People told us there were good outcomes from the support they received. One person's relative said, "Since [Name] came out of hospital he has improved so much. I couldn't have done it without Bluebird Care, all the staff have been brilliant." Another person told us, "When I first knew I was going to have carers coming in I was worried and a bit apprehensive, but in fact it has been fine."

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 provider had developed communication care plans which conformed to the AIS. Care plans included guidance for staff to speak clearly and slowly where necessary. Guidance about people's communication needs was included in their care folders and could be made available to other agencies such as paramedics. Staff had hand-held devices with a translation application to assist where they did not share the same first language with the person they supported.

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

● The provider went beyond the expected scope of home care services by organising events to prevent social isolation. These included activities events held at local community halls, and meals, such as a Christmas lunch. One person who attended the Christmas meal had not left their home for a number of months beforehand.

Improving care quality in response to complaints or concerns

● The provider had a system to log, follow up and close complaints. Staff were briefed on how to handle

complaints. People had reminders about the complaints process at every care plan review. People told us they were aware how to make a complaint but had not needed to raise a complaint. One person told us, "If I had any problems I would ring the office but have no complaints."

End of life care and support

• The provider had processes in place to support people to be comfortable, dignified and pain-free during their last days and to remain at home where it was their choice to do so. Staff had enhanced training in end of life care. The provider had amended the care review process so that reviews during this period were more frequent, but less intrusive for people and their families.

Good

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 good. At this inspection this key question has remained 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

● There was a clearly communicated ethos of a "one family" approach to delivering high quality care. The provider's vision was that people using the service were as much part of the team as the owners, registered manager, office staff and care workers. This vision was supported by their five objectives of better recruitment, better training, better support, better technology, and better pay.

● The provider took steps to make sure staff were well motivated to deliver a caring service. Staff benefitted from regular health checks, including attention to their mental health. The provider had signed up as a "Mindful Employer" which gave them access to guidance about improving employees' mental health. The registered manager had trained in mental health first aid. There were staff mental health and wellbeing champions. Since these steps were in place, staff absence for mental health reasons had reduced significantly. This meant people using the service had greater continuity of care, and were less concerned themselves about staff wellbeing.

● Staff were motivated and proud of the service they worked for. One member of staff commented, "Bluebird Care gave me confidence when I had none." The provider had a number of methods to maintain high levels of morale. These included events such as barbecues, parties, pamper evenings for staff, and small gifts. A staff member commented, "The barbecues are amazing. A great way to see everyone and all be together as one." The provider encouraged staff creativity with a monthly innovation award which recognised good ideas about how to improve people's care.

● Where the service went above and beyond expectations, this was shared by staff and the provider. Staff were supported to "go the extra mile", for instance by the provider setting up an emergency creche when local schools were closed during bed weather. When staff started a fund raiser to support the family of a colleague, the provider contributed. Some care staff had salaried contracts which meant they could work on service improvement initiatives during paid time.

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 responsibility to be open and transparent. They acted accordingly.

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

● There was a clear management structure in place. The registered manager was supported by supervisors,

care coordinators and administration staff. Care staff were organised into teams with a team leader which helped them deliver person-centred care to people supported by their team. All staff had job descriptions in place.

● A strong focus on quality was supported by processes in place to monitor and improve the quality of the service. The registered manager reported monthly to the provider. Their report covered people using the service, care workers, office staff, health and safety, training, incidents and accidents, and safeguarding. These areas fed into a compliance dashboard and key performance indicators.

● The provider carried out a quarterly quality impact review. This covered areas including recruitment, new referrals, office process, care reviews, rostering, on call, access to online policies and procedures, and access to the online care planning system. There had been no actions required following a review in January 2020.

● The provider used technology to monitor the quality of service on a daily basis. Care notes entered on hand held devices by staff were reviewed every day. This allowed the service to make necessary changes and improvements to care plans straight away. Staff always had access to the most recent updates to care plans on their devices.

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

● The provider used a variety of methods to engage with people who used the service. There was regular contact with the registered manager and office staff. One person's relative said, "The agency are very good. If there is anything wrong they ring me immediately. Also every so often they come out to review Mum's care." Another person told us, "They have given us contact numbers including out of hours contact details. They are all pleasant when you ring the office."

● The provider also used an internet-based service for more formal feedback. At their previous review on this system, they had five stars with 98% satisfaction.

● Staff had engaged with people to ask them for "words of wisdom", advice for the "younger generation". They had written these on a blackboard with the person's name and age, and photographed them as a record. One person had asked to have a video made of their words of wisdom, which staff helped them with. The provider used these to help staff understand how the service looked from the point of view of older people using it.

● The service had developed strong community links through participation in local and charitable events. These included a local fun day and national events such as those promoted by Macmillan Cancer Support and Alzheimer's Society.

● The registered manager had introduced an annual employee survey to engage with staff. This was supplemented by occasional focused surveys to seek staff feedback on specific subjects. These were carried out online, which meant they could be anonymous. A survey on a social media platform had resulted in 35 five star responses from staff.

Continuous learning and improving care

● There was a clear and demonstrable focus on continuous improvement of the services. Since our last inspection, the provider had made significant changes to improve the service people received. These included the appointment of a new registered manager with experience of managing an outstanding service. The provider had also appointed a quality and compliance officer who supported the registered manager with monthly reporting and quality processes.

● There had been improvements to established processes. The on-call system to support staff and people who used the service out of hours had been formalised with senior staff available for back up. This meant more experienced staff were available to answer queries both from care workers and people who used the service. The recruitment process had been enhanced to include psychometric tests to assess candidates' suitability to work in the care sector.

● There had been improvements to staff training. Induction training had been consolidated at one of the provider's branch offices to enable all induction training to be face to face. Induction training now included three days in face to face training. The provider had changed their e-learning supplier for initial training, introduced face to face sessions for refresher training, and ensured office staff were trained in supervision.
● There had been improvements to care planning and support to care workers. The provider had reviewed care plans with particular focus on medicines, oral care, advance care decisions, and allergies. Initiatives to improve support for care staff included local team meetings, a weekly newsletter, and carer of the month and carer of the year schemes to identify and reward excellence.
● Improvements made were supported by new computer systems for care planning and HR processes. Sustainability of improvements was assured by new quality and compliance systems including equality impact reviews and mock inspections. These improvements had led to a score of 99% in the provider's internal quality assurance audit, and 98% satisfaction in feedback from people who used the service.

Working in partnership with others
● The provider worked with other agencies to ensure people received high quality care. People gave us examples of where staff had noticed something during personal care and advised them to seek healthcare support. One person said, "The carer was so efficient. She got straight on to the district nurses and gave me all the necessary information and reassured me. She was excellent."
● The provider had engaged with the local ambulance and first responder services to give them training in how to access vital information in their care planning system on handheld devices. This meant these emergency services were familiar with the provider's systems and made transfer of information in an emergency more efficient.
● The provider had a good working relationship with social services. The local authority had recently carried out a quality assurance audit at the service. This was very positive with no major recommendations.