

KLEJ Ltd

Bluebird Care (Barnet)

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Bluebird Care (Barnet) is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 90 people. 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

Right Care

People felt safe, staff were caring and treated them with dignity and respect. People and their relatives generally felt the service was managed well and people's care needs were met. People's care and risk management plans set out their care needs, preferences and communication support. Staff found these plans helpful. Staff received regular training, supervision and the provider checked their competency. Staff and managers knew how to report and respond to potential safeguarding adults concerns.

Right Support

Staff supported people with their medicines appropriately. There were procedures for responding to and learning from accidents and incidents. There were enough staff to meet people's needs. People were usually visited by the same staff with whom they were familiar. There were safe recruitment processes in place.

Right Culture

People knew how to raise issues or complaints and the provider responded to these appropriately. 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. The service worked in partnership with other professionals to meet people's needs and help them to access healthcare 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.

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 (12 October 2017). The rating for the service following this inspection remains good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 (Barnet)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 2 Experts 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 26 September 2023 and ended on 17 October 2023. We visited the location's office on 28 and 29 September 2023.

What we did before inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. We also looked at reviews people had posted online about the service. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 1 relative of a person who used the service, 4 care workers, a supervisor, a coordinator, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records. This included 5 people's care and risk management plans and care records. We saw 6 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures. We spoke with 10 people and 16 relatives of people who use the service. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their well-being and safety.
- People and their relatives said they felt safe with care staff and found the provider's out of office hours support was good.
- People had personalised care and risk management plans in place. These set out risks to people's safety and actions needed to mitigate those risks. One person's plan needed more detail for staff on signs they may be becoming unwell due to their health condition. We discussed this with the manager and they promptly updated the plan with the person.
- People's risk management plans considered issues such as personal care, mobility, moving and positioning, pressure sores and medicines.
- Senior staff completed assessments of people's home environments to identify potential risks at a person's home. This included issues such as access to their home, flooring and tripping hazards, the use of smoke alarms and emergency exit plans.
- Staff completed training in assisting and moving people, basic life support, health and safety awareness and safe lone working.
- The provider had business continuity plans in place to help the service continue in the event of a major disruption or an emergency.

Staffing and recruitment

- The provider arranged for sufficient numbers of staff to meet people's needs.
- Most people and their relatives told us the same care staff visited them regularly. This meant they could develop relationships of trust with staff who knew their care needs and people found this reassuring. A person told us, "They know where they are with you [and] you know them."
- Most people said the office team or care workers contacted them if they were running late so they were kept informed about their care visits. People said the visits were not missed. We observed office staff using digital rostering systems to monitor staff punctuality during our visit.
- The management team also reviewed staff punctuality records regularly to identify issues and took action to address these. For example, ensuring staff used the service's new digital systems effectively.
- Staff told us they had enough time to provide people's care and to travel between home visits.
- The provider followed appropriate recruitment processes to make sure roles were offered to suitable applicants. We saw the interview process focused on recruiting applicants with suitable values for the role. Recruitment checks included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people using the service from the risk of abuse.
- Staff completed safeguarding adults and safeguarding children training. The managers and supervisors promoted staff awareness of this during staff inductions, team meetings, supervisions and spot checks. The manager explained they encouraged staff to notice different types of signs that some maybe at risk of harm.
- Staff we spoke with understood how to recognise and raise concerns. They were aware of whistleblowing processes for reporting concerns to other agencies as well. Staff were confident that any matters they raise were always listened and responded to.
- The provider investigated concerns appropriately and worked with the local authority to do so. The managers identified learning from concerns that they shared with staff to promote their practice and confidence in raising issues.

Using medicines safely

- Staff supported people to take their prescribed medicines safely and there were processes in place to ensure this happened.
- People's digital care plans set out information about their prescribed medicines such as who was responsible for administering the medicine, how much and how often. We saw one person's records were not always clear about when they should take some 'when required' medicine. We discussed this with the manager so they could address this.
- Care staff had completed medicines support training and the provider assessed their competency to provide this safely.
- Staff completed digital medicines administration records to document when they supported a person with their prescribed medicines. The records we saw had been completed appropriately. The manager audited these records, noted any matters found and actions taken to address them. We saw senior staff had met with care staff in the months before our inspection to re-train them on using the digital recording system effectively.
- People and their relatives told us they were happy with their medicines support.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. This included masks, gloves, aprons and hand sanitiser. Care staff told us they always had enough PPE supplies and more was always available to them. Senior staff monitored care staff infection prevention practices by conducting unannounced checks and asking people and their relatives for their feedback. People and relatives told us staff wore PPE. One person commented, "Yes, they do, and they always wash their hands."
- Staff completed awareness training on infection prevention and control and how to use PPE appropriately. They refreshed this training annually.
- The provider had appropriate processes in place in case a person or member of staff tested positive for COVID-19 so as to keep people and staff safe. These included supporting staff to isolate and return to work safely. The provider completed risk management plans with staff who may live with health conditions to identify ways to support staff to work safely.

Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents and accidents.
- Staff recorded information about what happened and when and the actions taken in response to this. We saw the manager maintained detailed records of how incidents were investigated and resolved.

- The manager reviewed incident and accident records on a quarterly basis to identify any trends or learning for service improvement.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's care needs were met consistently.

Staff support: induction, training, skills and experience

- Staff received training and support to provide care to people safely. Most people we spoke to felt staff were competent, although some relatives felt some staff might need more training. A relative reported instances when they felt staff had not always been effective. We raised this with the manager and they took immediate steps to investigate and address this.
- Staff completed a range of training that included reporting and recording, dementia awareness, health and safety, learning disability and autism awareness and person-centred care. The provider monitored staff training and organised refreshers for staff who required this. Staff said they found training helpful. A supervisor told us, "We encourage people to train to remain competent in their role and also to develop further if they want to."
- New staff completed an induction which including shadowing experienced staff on care visits. Staff confirmed this took place and a care worker told us they felt assured that they could ask for more shadowing opportunities if they wanted.
- Staff attended regular supervisions with their line managers to discuss their role and performance. Staff said these sessions were useful. Supervisors completed health risk assessments with staff so as to support their well-being.
- Staff felt supported by their seniors and the office team and could get help at any time. One member staff told us, "They're always there when needed, always reliable, always appreciative of you." Another said of their supervisor, "Probably the best I have had. Understanding, attentive, tries to solve conflict. She/he listens really well and is amazing."

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 MCA 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 service was working within the principles of the MCA.
- People who were able to consent to their care arrangements had signed their care plans to indicate this. One person's plan did not clearly record how this was agreed with them and we discussed this with the manager so they could correct this.
- Where a person lacked the capacity to agree to their care plan a relative had agreed on their behalf. The provider had sought proof the relative had the legal authority to do this, such as a Lasting Power of Attorney (LPA). 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.
- Staff we spoke with demonstrated how they promoted people's rights to make their own decisions about their care. For example, explaining how they worked with people who may refuse personal care or some prescribed medicine. Staff had completed training in understanding the MCA.

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

- The provider assessed people's care and support needs before they started to use the service. People and their families were involved in these assessments and said that the care met people's needs.
- The care assessments informed people's care plans. These considered issues such as people's health, social history, personal care, mobility, personal care, mental health, allergies, nutrition and safety. This included their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- Staff and managers we spoke with appeared knowledgeable about people's needs and preferences.

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

- Staff supported people to prepare food or assist people to eat and drink when this was part of their agreed care arrangements.
- People's care plans set out their meals and drink requirements, preferences and dislikes, such as how a person liked to take their tea or where another person preferred to sit for their morning drink. This included details on support a person needed to be able to eat safely. For example, if a person needed to have medicine before a meal or when a person needed to be upright to eat and remain so for a time after a meal.
- Records of daily care indicated staff respected people's choices and preferences regarding their food and drink. Staff had completed fluid and nutrition awareness training.

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

- The service worked with healthcare professionals in a timely manner, such as nurses and GPs, to help people access healthcare services and maintain their health.
- During our visit we observed a care worker report a potential skin care concern and office staff responded to this promptly and arranged for a district nurse to visit. A person told us, "Sometimes I'll have a medical appointment or a health appointment and they'll go with me." Another person said, "I can count on them in an emergency."
- People's care plans set out information about their medical history and health needs. This included if a person managed their oral care independently or needed some staff support with this.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were supported by staff who were caring, respectful and treated them well.
- Almost everyone we spoke with said staff treated people with respect and in a caring manner.
- A relative told us staff "100%" treated their family member with respect and dignity. Another said, "The carers are all nice women who care about [the person] and we get a brilliant service." Other comments included, "They've always had a nice, friendly demeanour" and described a care worker as "The most incredible person, she is absolutely wonderful."
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+, but they had done in the past. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.
- Staff received training and support 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 commented on how staff respected decisions about their day to day care, such as what they wanted to eat and how they would like their personal care.
- Staff explained how they encouraged people to be involved in their care. A care worker told us, "I think how it would be the other way round, how would I want things to happen, especially in regards to [receiving personal care]."
- People and their relatives were involved in people's care and reviewing their care plans. A person told us, "They came and I told them what I needed doing." A relative said staff visited to review a person's care plan and "[The staff] were concerned that they were doing the right thing and everything they should be."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. They completed 'dignity in action' training to support this.
- Staff explained how they promoted people's dignity and privacy, such as when providing people's personal care. This included making sure the room was private, helping people to keep parts of their bodies covered when needed and explaining to a person what was happening. A care worker told us, "I let them know every single step we're about to do." People we spoke with confirmed this took place. People said, "They cover me up" and "They'll ask are you alright with [the care to be provided]."

- Staff helped people maintain some independence during their care and support. For example, by helping and respecting people making choices about their care and encouraging them to do things. A relative told us, "The thing I value in the carer is when they ask [the person] to move in a certain direction, they can communicate with [the person] to help with movement rather than just moving her/him."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Almost all people and relatives said staff communicated with them effectively. Two people said this could be difficult sometimes when staff did not speak much English.
- People's care plans set out what their communication and sensory needs were and what their first or preferred language was. For example, one person's plan noted their visual impairment and how they preferred to navigate about their home. Another person's plan detailed the method staff should always use to explain to a person what foods were on their dining plate.

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

- People received person-centred care and support that met their needs and preferences.
- The provider used a digital care planning system where plans set out information about people's their care and support needs. This was personalised to reflect their likes and dislikes, such as how they should receive their personal care, which bathing and grooming products to use and where they were kept.
- People's plans also reflected their daily living preferences. For example, habits that were important to them that staff needed to know about and their preferred routines.
- Staff told us care plans were always in place and they found them helpful. One care worker said, "You can also see notes from your colleagues and if something has changed before you arrive."
- Most people told us they received personalised care from staff who understood their care needs. A relative told us, "The carers have got to know [the person], and she/he knows them. I'm very impressed with them."

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

- Staff supported people to maintain relationships that were important to them and take part in activities when this was part of their planned care. For example, supporting people out on trips or to attend community groups.
- One relative told us, "They listen to [the person's] stories and chat which she/he appreciates." Another relative said, "There's emotional support from the carer which I value. I feel emotionally supported and

that's a big difference."

- We saw the provider had piloted and was in the process of launching a new initiative to develop photo books with people. These aimed to be accessible documents of people's lives they could enjoy with their families and staff could use to engage and reminisce with them in a personalised manner.
- Staff supported a person with their daily spiritual practices where this formed part of their planned care. For example, a relative described how staff visit their family member earlier than usual when they supported the person to their place of worship.

Improving care quality in response to complaints or concerns

- There were suitable procedures in place for receiving, recording and responding to complaints.
- People and relatives knew how to raise concerns or complaints and these were responded to. One relative told us, "I've raised concerns before and they've acted on them very quickly." Another remarked, "I haven't got any complaints. Things go wrong occasionally, but they get put right. It runs pretty smoothly."
- Complaints handling records showed these were responded to in a timely and thorough manner. The manager reviewed these periodically to identify learning and improvements for the service.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed. 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 manager and nominated individual promoted a clear aim and culture of providing safe and effective care to people.
- People told us, "Professional staff, and the agency is well organised" and "I think it's all absolutely superb!" Almost everyone said they would recommend the service. Relatives commented, "What they do as an organisation is incredible" and "Bluebird seem more willing [than a previous care agency] to do a bit extra if required."
- A new member of staff told us, "[The staff team] all seem naturally caring and considerate, they are passionate about caring for people."
- The provider regularly praised staff who received compliments from people for their service and used initiatives to help staff feel valued, such as providing personalised drinks mugs.

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 manager and the nominated individual understood their duty of candour responsibilities and had appropriate procedures in place to promote these. The manager addressed issues in an open and transparent manner.

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

- The provider used a system of regular checks to monitor the safety and quality of the service. This included regular audits of medicines support records, incidents and accidents, staff files and supervisions. The manager took action to address the improvement requirements these identified.
- Senior staff conducted periodic, unannounced checks on care staff while they worked in people's homes to monitor their performance and people's care. Staff told us they got helpful feedback from these checks.
- There was no registered manager in post at the time of the inspection, but the provider was recruiting to this position. Staff felt they were led well and supported by the manager and nominated individual.
- The manager had an action plan in place that set out improvements they were instigating at the service. These included further improving the implementation of the service's new digital rostering and care planning systems, producing a staff newsletter and introducing a staff 'Dignity Champion' role to continue to promote this in people's care.
- The provider notified CQC of specific events as required by regulations. They clearly displayed the service's

ratings at the office and on their website to inform people about the quality of care.

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

- There were opportunities for people, relatives and staff to be involved in people's care and the service.
- The provider sent people and relatives questionnaires so they could provide further feedback about the service. We saw the manager took action in response to the findings, such as implementing new digital systems. The responses we saw showed people felt they were treated politely and professionally and their care needs were met.
- The provider regularly sent satisfaction questionnaires to staff for feedback as well and acted on staff comments.
- The nominated individual and manager held regular team meetings where staff had opportunities to discuss the running of the service. We saw these were used to discuss topics such as implementing digital systems for rostering care visits, recognising care workers' work, on-call support and staff training.
- The provider demonstrated a strong commitment to promoting an inclusive workplace and staff told us this was their experience. For example, the manager had assessed how the service respected diversity and promoted equality and promoted staff mental well-being and set actions to develop this. This included analysing complaints and incidents periodically to identify any potential trends related to people's equality characteristics.
- The provider had appointed an equality & diversity and staff well-being lead, who explained how they promoted staff support through their training and supervisory work. We also spoke with the service's LGBT+ lead who similarly promoted awareness and respect in the service. Both leads said they were supported in their roles by the manager and nominated individual.
- The provider had developed effective links with the local community. For example, they had worked with a local voluntary group to raise awareness for people about cybersecurity. The provider employed people with a learning disability to help advertise the service locally.

Working in partnership with others

- The service worked with other health and social care services, such as district nurses, occupational therapists, and GPs, so people received joined-up care to meet their needs.