

Anjoy Ltd

# Bluebird Care Rugby and South Leicestershire

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

This announced inspection took place on the 7 and 8 August 2018.

Bluebird Care is a domiciliary care agency which provides personal care to older people who live in their own homes in Rugby and South Leicestershire. At the time of our inspection there were three people using the service.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. An acting manager was in post and was in the process of applying to the Care Quality Commission for registration.

The provider had not fully met all the conditions of their registration. The provider had moved to new premises and had not submitted the relevant notification and applications. They were operating from an unregistered location.

People using the service and relatives said they thought the service provided safe care. We looked at individual examples of how risk was managed. We saw that staff had the information and training they needed to keep people safe.

There were enough staff employed by the service to support people safely. Staff were safely recruited to help ensure they were suitable to work with the people using the service.

People told us they thought the staff were well-trained. Staff we spoke with were understood the needs of the people they supported. They found the training they received useful in helping them carry out their role. Training records showed that staff had completed a wide range of courses to give them the skills and knowledge they needed to support people effectively.

Staff knew people's likes and dislikes. Staff spent time getting to know people and their preferences.

Staff supported people to maintain good health and access healthcare service when they needed to.

People using the service and relatives told us they appreciated a consistent staff team. Staff were given time to get to know people by taking an interest in their lives, hobbies and interests.

People told us that staff involved them in making decisions about their care and support. Staff had an understanding of the Mental Capacity Act. The provider was aware that care plans lack detail regarding people's ability to make decisions, and they were making improvements to the forms.

People said that staff always treated them with respect and dignity staff received training to enable them to provide care in a dignified manner.

Although people's preferences as to how they wanted their care and support provided was recorded in their care plans it was not very detailed and the care plans had not been updated. However, the provider and acting manager had made contact with people to ensure the care they received remained appropriate. Staff had been provided with information they needed to ensure people received personalised care in line with their wishes. The provider was taking steps to update the care plans.

People said they knew how to make a complaint if they needed to. The provider's complaints policy was in the service user guide and told people what to do if they wanted to complain. People felt able to contact the office staff if they experienced a problem.

People using the service told us they would recommend the service to others.

## 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

Systems were in place to protect people from the risk of abuse. Staff were knowledgeable about their responsibilities to protect people and report concerns.

Risks were assessed to keep people safe from harm or injury. However these were not reviewed and up dated.

Staff provided care and support in a way which protected people's human rights. People were protected by the provider's recruitment procedures.

Staff followed good practice in infection control ensuring people were protected from cross infection.

### Is the service effective?

Good ●

The service was effective.

The provider and acting manager understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

The provider was aware that the current care plans needed to be reviewed and updated.

People's needs were assessed. People's needs were met by staff that were skilled and had completed the training they needed to provide effective care.

Staff received regular practical supervision when providing care and support to people.

People were supported to maintain, their health and well-being.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

Staff understood people's needs and worked with them to involve them in decisions about their care and support.

Care was provided in a way which respected people's privacy and upheld their dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported to be involved in the planning of their care.

People received the support they required in the way they wanted it.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to and said they would be confident to do so.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

The provider had failed to submit the relevant notification and applications to change their registration when they moved location.

There was no registered manager in post. However, people and staff expressed confidence in the management of the service.

Due to the small number of people using the service, both the registered provider and acting manager had regular contact with people using the service and worked alongside staff in the delivery of personal care. The monitoring as to the quality of the service was limited. This meant the provider was not using up to date good practice guidance and there were areas for improvement.

# Bluebird Care Rugby and South Leicestershire

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place over two days, starting on the 7 August 2018 and was carried out by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

This inspection was carried out due to concerns in relation to the registration of the location being used to carry out the regulated activity. The provider had moved to new premises and had not submitted the relevant applications to the Commission. They were operating from an unregistered location and were in breach of their registration conditions. As a result, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Bluebird Care is a domiciliary care agency which provides personal care to older people who live in their own homes in Rugby and South Leicestershire. At the time of our inspection there were three people using the service, one of whom was in respite care.

We sought people's experiences and views by telephone on 8 August 2018. We spoke with one person who used the service, and the family member of another person.

We spoke with the acting manager and three directors of the service in the office and spoke with one member of staff by telephone as part of the inspection process.

We looked at the information held about the provider and the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection. We also contacted the Local Authority for any information they held on the service.

We looked at the care records of three people who used the service. These records included care plans, risk assessments and daily records. We also looked at recruitment and training records for three members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns and a range of policies and procedures.

# Is the service safe?

## Our findings

People who we spoke with told us they felt safe with the staff that supported them. A person said, "I feel safe, very much so." A family member said, "They responded very quickly when we needed extra help for [person]."

Safeguarding training was delivered as part of the provider's induction and staff had received refresher training on this topic. We spoke with staff they were clear about their safeguarding responsibilities and how they could raise concerns. They could describe possible signs of abuse and what action they would take. One staff member told us, "I would speak to the manager, they would deal with my concerns. It would be taken seriously."

We saw risk assessments were completed during the initial visit by the manager, highlighting any obvious areas of risk, such as trip hazards and electrical risks. We also saw risk assessments specific to people's individual conditions and needs were in place. We noted that these had not been reviewed since the new provider had taken over the service in December 2017. We discussed this with the directors who told us that as they intended to transfer people's care plans over to the electronic system they used at their other branches. We were shown reviews had been documented in diary notes. We did identify where people had changes in care because of their changing needs. Staff we spoke with demonstrated a good understanding of the risks people faced and how they helped people minimise these risks. Staff we spoke with were also aware that care plans were to be moved to the electronic monitoring system. They told us they already used this when they provided support to people at the other branches of Bluebird care they worked for. One staff member told us, "I like the system, it gets updated in real time and provides us with the information we need."

Staff we spoke with felt staffing levels were sufficient to keep people safe, with ample support should they encounter any unexpected problem or delays. There was an out-of-ours on call system so that staff had access to a senior member of staff if needed. All people who used the service and their relatives agreed that they had not experienced missed calls and that, where there was a delay, they were informed. One person told us, "When they first took over the timing of the calls wasn't quite right. That was only for a short period. I have only ever had one missed call and that was when the carer had a car accident. They let me know." They added, "They are very accommodating."

Accidents and incidents were recorded promptly and the manager and provider had systems in place to ensure any emerging patterns were identified and acted upon.

Staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions. The family member we spoke with told us their relative was supported by a consistent team of staff. This was important to their relative as they preferred knowing who was coming to their home.



People were supported to manage their medicines safely. People who required support to take their medicines were prompted or supported them to take their medicines. People's care plans included an assessment of the support they needed to manage their medicines. Information included when and how medicines were dispensed and how and where medicines were stored in the person's home.

Staff told us they had a supply of protective equipment, such as gloves and aprons, and had access to supplies through the office, which ensured they never ran out. People who used the service confirmed staff always wore the protective equipment when providing personal care. One person told us, "If they need to wear aprons or gloves they do. They always wash their hands as well, noticeably so."

# Is the service effective?

## Our findings

The provider told us that since taking over the service in December 2017 they had not taken on any new packages of care. The acting manager told us the process they would follow should they have an enquiry. They told us they would visit the person to carry out an assessment and identify what support the person would need. This would ensure that person received a service that supported them in line with current legislation, standards and guidance.

People told us they thought staff had the training they needed to support them. A person told us, "All the staff look after me properly, they seem to be experienced and trained." Relatives were also satisfied with the competence of staff. A relative said, "Staff are helpful and supportive."

The staff we spoke with were knowledgeable about the people they supported and how best to meet their needs. They told us they were satisfied with the training and support they received. A staff member told us, "Training is really detailed."

Staff told us they had completed a comprehensive induction and shadowed experienced staff members before they started work for the service. This gave them the opportunity to get to know some of the people they would be supporting and learn about their care needs.

Training records showed that staff completed a range of courses, for example, moving and handling, safeguarding, and infection control. Staff confirmed they had regular supervision sessions and competency checks to help ensure their skills and knowledge were up to date. The combination of training and support helped to ensure staff had the training and support they needed to provide effective care.

A director of the service showed us how staff could keep up to date with their learning when they were out and about on calls. Through their smart phones they had access to an on-line information system. If they have queries about anything for example infection control they could access the application and update their knowledge.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

People we spoke with told us they made decisions about their care, which were respected by staff. Staff we spoke with had a basic awareness of MCA and DoLS and said they had received training in this area. They knew that people they worked with all had capacity to make decisions for themselves. We looked at people's care plans and they made no reference to people making decisions for themselves or their

capacity. We discussed this with the provider who was aware of that care plans lacked information around this area. They showed us the new documentation they intended to use to record how they would ensure people's rights under MCA were promoted and respected.

People's health care needs were supported. A person told us, "They call the GP if needed." We saw that staff and the acting manager had been proactive in supporting a family in contacting the person's doctor when concerns about the person's physical health had been identified. A relative told us, "When [person] was experiencing back pain they advised us to contact the GP." A staff member told us, "If I notice anything I talk to the family or speak to the office. I feel confident that my concerns are listened to."

The service works across organisations to deliver effective care. Staff were aware of the importance of raising concerns with office staff and the acting manager understood their role in liaising with other organisations to ensure people received the care they needed. For example, the provider told us about a person whose care needs were changing they were liaising with the family as well as other services to ensure the person received appropriate care if they returned home.

People were supported to have enough to eat and drink. Staff understood people's requirements and preferences. One staff member told us, "We are given time to carry out our tasks so if we need to cook a meal we have time." People's care plan's provided staff with information about people's preferences regarding eating and drinking.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion. A person told us, "Staff are all kind and considerate, everyone. I am treated with dignity and respect, noticeably." A relative told us, "Carers seem really nice."

Staff understood people's individual needs and preferences. Staff told us they had plenty of time to sit and talk with people after they had carried out the care plan tasks. A staff member told us, "We are given time to carry out the tasks and we then can spend time getting to know the person and what is important to them."

Where people required support with their communication this had been identified. One person told us, "The communication level is appropriate. They email me rather than phoning."

People were supported to make choices. Staff told us, "We offer choices such as what they want to eat." People's independence was promoted. A person told us, "Staff support me in things I struggle with then I can then spend the day as I want to whether it's going out. They come when I need them. They are accommodating."

People told us they had been involved in making decisions about their care and support. A person said that they had met with the new provider and had a meeting with a senior member of staff to discuss a review of their care plan.

Staff were trained and understood the importance of protecting people's privacy and dignity. Records showed that staff documented people's care and support in a respectful manner which was another example of them providing dignified care.

## Is the service responsive?

### Our findings

People received care that met their needs which had been agreed with them. Although staff understood people's preferences in relation to their care given, care plans lacked detail. A person told us, "Staff are aware of my likes and dislikes. Things took time for staff to be aware of how I have everything." The acting manager told us, "I am currently going out on all calls to check people's needs. We are aware that people's needs are changing and we need to update the care plans. We have a senior who is visiting each person to update the care plans onto the PASS system (electronic care plan)."

Staff told us they always read care plans before they began supporting a person. A staff member said, "Care plans need updating. Everyone at the other part of the Bluebird has their care plan on PASS which is updated all the time."

The provider used PASS to produce a rota and develop care plans for their other service. The provider and manager told us the system could monitor staff in real time so they had an overview of the timeliness of calls. They hoped to introduce this system shortly to Rugby and South Leicestershire service.

All the people using the service and relatives we spoke with said they knew how to make a complaint if they needed to. One person told us that although they had never had to make a complaint they knew how to.

A complaints policy and procedure was in place, and this was referred to in documents provided to people when they began to use the service. The provider told us that if people needed it in larger print or other languages they were able to provide this as they had access to translation services.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

## Is the service well-led?

### Our findings

The service had moved to new office premises and the provider had not informed the Commission. This was a breach of the conditions of their registration. Our records showed that the provider had failed to submit the relevant notification and applications to change their registration. The provider was reminded of their legal responsibilities to be registered correctly and comply with the conditions of their registration. The issue had come to CQC's attention as a result of the service changing registered provider in December 2017. This was discussed with one of the directors in January 2018 and again in June 2018. At the time of the inspection an application to register the location had been made but as they had not included an application for a registered manager the application was rejected. We discussed this with the provider who told us an application for the registered manager would be made as soon as possible.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were satisfied with the quality of the service. One person said they would recommend it to others. Relatives also told us they felt there was no problem with communication since the new provider took over the management of the service.

The acting manager told us they carried out regular monitoring visits and worked alongside staff to ensure people received the appropriate care. One staff member told us, "I think it is well managed and people receive the care they need." Staff told us they felt supported by the office staff. They told us, "I feel senior management are approachable. The ethos of Bluebird care is discussed as well as the policies and procedures. We get group messages (on their telephones) to keep us informed about what is going on. We are also kept up to date about our clients as well."

Staff told us they were well supported by the provider and manager. They described the spot checks, supervision sessions and appraisals they had and said they found these helpful. A staff member told us, "We have regular supervision and it is meaningful. We talk about what support we need, and any training."

We discussed how the provider obtained people's views of the service. We were told they had not carried out a formal quality assurance questionnaire since taking over the service but had visited and spoken with each person who was currently receiving a service. This was confirmed by a person using the service. One director told us, "When we took over we visited each person to reassure them of continuity in care. We currently only have three people using the Rugby and South Leicestershire service. We can keep in contact with them regularly through telephone calls or through emails. This way we know how well the service is doing."

The service was relatively small and the provider, directors and acting manager knew all the people using it and their relatives. The provider said the business model was to only develop and grow when they could to ensure people received a good quality service. They told us this was very much the ethos of the parent

company. The providers had the ethos of the parent company and their own written in large print on the wall of the training room so all staff could see it when they came in for training.

The provider had a business contingency plan in place, which identified how the service would continue to operate in adverse weather conditions. The provider had implemented this plan when heavy snow had impacted on staff's ability to travel to people's homes to provide their care and support. The acting manager had recorded the action they had taken, which had included contacting all those who used the service or their family members. People's support had been prioritised, by visiting people who lived by themselves and who did not have relatives living close by.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, staff supervisions and meetings. This helped to ensure that both the provider and acting manager had an overview of how well the service was running.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Section 33 HSCA Failure to comply with a condition</p> <p>The service had moved to a new office premises without informing the Commission. This was against the conditions of their registration. Our records showed that the provider had failed to submit the relevant notification and applications to change their registration. The registered provider was reminded of their legal responsibilities to be registered correctly and comply with the conditions of their registration.</p> |

### **The enforcement action we took:**

The provider must ensure that a relevant application to vary their conditions is made.