

Bayford New Horizons Limited

Bluebird Care (Sutton)

Inspection report

B T S House
69-73 Manor Road
Wallington
SM6 0DD

Tel: 02086445161

Website: www.bluebirdcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care (Sutton) is a domiciliary care agency providing personal care to people living in their own houses and flats. The service provides support to older people, people with disabilities and people living with dementia. At the time of our inspection there were 51 people using the service.

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 received safe care and support. There were risk assessments and care plans in place for people and staff knew people and their needs and preferences very well. However, at the time of our inspection not all people's risk assessments included sufficiently detailed and personalised information about their level of vulnerability to COVID-19. After our inspection the provider put a new process in place to ensure all people's risk assessments contained all the necessary information and level of detail required regarding their individual risk of COVID-19.

People received their medicines safely. However, at the time of our inspection some people did not have sufficiently detailed and personalised information in their care records regarding some of their 'when required' medicines. After our inspection the provider updated the relevant people's medicines information to include this. The provider also put a new process in place to ensure people's records contained the necessary information and detail concerning their 'when required' medicines.

There were systems and processes in place to safeguard people from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people's needs and staff recruitment followed safer recruitment procedures.

Infection prevention and control followed best practice guidance and we were assured the provider was responding effectively to risks and signs of infection.

Accidents and incidents were recorded and reported. The provider used the information to identify why things had gone wrong and took action to improve the service.

Managers and staff were clear about their roles, they understood regulatory requirements and their duty to be open and honest with people when something went wrong. There were quality assurance systems in place and action was taken to improve the care provided when issues were identified. However, at the time of inspection not all the provider's audits were effective, as the provider had not identified the issues we found. During our inspection the provider put in place new processes to ensure their audits were effective

and would identify the issues in future.

We have recommended the provider reviews all their compliance systems and processes to ensure the procedures in place are robust and effective.

There was a caring and positive culture that was person-centred, open, inclusive, empowering and achieved good outcomes for people. People were supported to be as independent as possible. The provider engaged and involved people, their relatives and staff in people's care and the development of the service. Managers provided staff with a good level of support. People, their families, staff and managers spoke positively about each other and feedback from people and their families about the service was complimentary.

Staff worked in partnership with healthcare services, other professionals, and community organisations to meet people's needs.

Managers were proactive and engaged in a number of professional networks for sharing learning to improve practice.

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 (10 January 2018).

Why we inspected

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

We undertook a focused inspection to look at the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Sutton) on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Sutton)

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

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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. A new manager was in post and was in the process of applying to be the registered manager.

Notice of inspection

We gave the service 48 hours' 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 9 June 2023 and ended on 20 June 2023. We visited the location's office on 9 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 6 relatives of people who use the service. We also spoke with 6 staff, including the manager, regional operations manager, managing director, and care workers. We reviewed a range of records. This included 4 people's care records and 4 staff records. A variety of records relating to the management of the service were also reviewed.

Following our visit to the service, we reviewed more records relating to the management of the service.

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. At this inspection 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

- There were systems and processes in place to assess, monitor and manage risks to people.
- People care records contained detailed and personalised information for staff to safely manage risks to people. However, some people's risk assessments did not include sufficiently detailed and personalised information for staff about their individual level of vulnerability to COVID-19. This was mitigated by the fact staff knew people and their needs well, knew how to protect them from infection and people were able to communicate with staff.
- After our inspection the provider put a new process in place to ensure all people's risk assessments contained all the necessary information and level of detail required regarding their individual risk of COVID-19.

Using medicines safely

- Medicines were used safely.
- There was detailed information for staff in people's care records about how to give them their prescribed daily medicines. However, some people did not have sufficiently detailed information in their care records for some of their 'when required' medicines. This was mitigated by the fact staff knew people and their needs well and knew when people might need their 'when required' medicine and how to administer it. People were able to communicate with staff and this further mitigated the risk.
- After our inspection the provider updated the relevant people's 'when required' medicines information to include detailed and personalised information. The provider also put a new process in place to ensure people's 'when required' medicines information contained all the necessary information and level of detail required.
- Staff received medicines administration training and their competency was assessed and the provider carried out medicines audits.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse and improper treatment.
- Staff received safeguarding training and knew how to recognise and report abuse.
- One person's relative said, "[He/she] is definitely safe with them". Another person's relative told us, "We are confident in the service the carers provide. We certainly don't feel that we need to supervise them".

Staffing and recruitment

- The provider deployed enough suitably qualified staff to meet people's needs safely.
- Recruitment of new staff followed safer recruitment procedures and included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One person told us, "If my regular carer is not on shift, [his/her] replacement is very good too. Always checking I am ok to do things and that I am comfortable". Another person said, "There has never been a problem. The carers that come are thoroughly respectful and seem to know their job and just get on with it once they have been a few times. It takes the pressure off".

Preventing and controlling infection

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems and processes in place to learn lessons when things went wrong.
- Staff knew how to record and report accidents and incidents. Managers audited accidents and incidents to identify patterns and themes. This meant the provider was able to identify what had gone wrong and take action to improve 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. At this inspection the rating for 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.

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

- There were systems and processes in place to assess, monitor and improve the quality and safety of the service and mitigate risks relating to people's health, safety and welfare.
- The provider carried out audits of the service. This helped them identify issues and they took action to resolve and improve things when they found something had gone wrong. However, not all the audits had always been effective.
- The provider's audits had not identified the issues we found during our inspection regarding people's individual COVID-19 risk assessments and their 'when required' medicines information. The provider's staff training audit had not identified that some training for some staff was not up to date. During our inspection the provider made sure the relevant staff completed their training and brought it up to date. The provider also put in place new processes to ensure their audits were effective and would identify the issues we found during our inspection in future.

We recommend the provider reviews all their compliance systems and processes to ensure the procedures in place are robust and effective.

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

- There was a positive, person-centred culture that was open, inclusive and empowering, which achieved good outcomes for people.
- There was a culture of consideration, flexibility and care. People, their families and staff felt comfortable to speak up and share their views. The provider and managers valued staff, provided them with a good level of support and recognised and rewarded their work and contribution to the service.
- One person said, "They [the staff] have a gift and even the ones that are new to the industry have a gentle touch and I look forward to them coming". Another person told us, "I am quite happy with the service overall. I wouldn't be able to stay in my home without this lot, so it's a valuable service".

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 provider understood their duty of candour and managers and staff had communicated openly and

honestly with people and their families when something had gone wrong.

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

- The provider engaged people, their families and staff in people's care and the development of the service.
- People's individuality and their equality and protected characteristics were assessed, valued and respected. People were supported to lead their own lives and be as independent as possible. People and their families were included in reviews of their care and they could contact office staff and managers any time to raise issues and give feedback.
- The provider sent a newsletter to people and their families and sent surveys to people, their families, and staff to gather their feedback and any ideas they had to improve the service. Staff were also able to share their views in supervision, staff meetings and informal chats.
- One person's relative told us, "Someone from the office visits fairly regularly to go over things and check that we are happy". Another person's relative said, "They have given me access to their App so I can keep up with what is happening". The provider's App gives people and their families access to their computerised care records, shows what tasks have been carried out and when and allows people and their families to add messages for the provider.

Continuous learning and improving care

- There were systems and processes in place to support continuous learning and improvement of the care provided.
- Managers received updates to guidance from local authorities and met regularly with nurses to discuss changes to working practices. The provider also had access to information and updates from the Bluebird Care franchise. Updates, any changes, and information were shared with staff.
- The manager attended managers' network meetings to discuss learning and how to improve the service. They used a Bluebird Care registered managers' social media group to discuss issues and how to improve the care provided. They also liaised with Bluebird Care registered managers in other parts of the country to access learning and support.

Working in partnership with others

- The service worked well with other organisations and professionals, including doctors, nurses, specialist healthcare services, local authorities and Age UK, which is a charity for older people. This helped to ensure people received the right care when they needed it.
- The provider arranged social events where people, their families and staff could get to know each other better and have fun together. This sometimes helped some people to be less socially isolated and helped further improve the relationships between everybody involved.
- Staff also linked people in with local community day centres and other services to support people to be more active and be at less risk of isolation.