

A & J McLellan Limited

# Bluebird Care North Tyneside

## Inspection report

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21 March 2023

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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

### About the service

Bluebird Care North Tyneside is a domiciliary care agency providing personal care to people in their homes. 70 people were receiving personal care at the time of the inspection.

### People's experience of using this service and what we found

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.

**Right Support:** People were encouraged to live as independent lives as possible. The provider showed examples of positive risk taking which supported people in this way.

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.

**Right Care:** Care plans reflected peoples wishes and preferences and staff were trained to support people to take their medicine safely. Concerns from observations were shared with healthcare professionals for further advice.

**Right Culture:** Staff were knowledgeable about the vision and values of the service and the provider had taken a range of steps to encourage openness and transparency as well as by instilling a positive working environment in which staff could approach managers with concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 21 October 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

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 North Tyneside on our website at [www.cqc.org.uk](http://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 North Tyneside

## **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 team included 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 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 21 March 2023 and ended on 27 March 2023. We visited the location's office on 21 March 2023.

#### What we did before the inspection

We requested feedback from the local authority and Healthwatch and reviewed information we already held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We 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.

#### During the inspection

During the inspection we spoke with 8 members of staff. This included the registered manager, the operations director, the nominated individual, 3 care assistants, and 2 supervisors. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also tried to speak with 16 people who use the service and their relatives to gain feedback. We spoke to 4 people who use the service and 2 of their relatives.

During our visit we looked at care records, training records, staff recruitment records and the policies and procedures used by the provider.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Measures were in place to promote the reporting of incidents and safeguarding concerns. This included an electronic incident reporting system.
- The provider's whistleblowing policy was displayed, and safeguarding was discussed as an agenda item in team meetings.
- Staff were trained in how to raise a safeguarding concern and we saw evidence of safeguarding being logged and reported. A care assistant told us, "My employer has made it clear that this is essential, even possibly small concerns should always be reported".

Assessing risk, safety monitoring and management

- People's needs, and potential risks, were assessed by staff at the start of their care. This included falls risk assessments and oral health risk assessments.
- Risk assessments were in place to promote positive risk taking. This included supporting people to manage their own medication to promote their independence.
- An electronic records system was used to monitor and analyse the care being provided. This helped to reduce the risk of errors taking place by allowing managers to monitor any missing care tasks.
- Risks and concerns from staff were monitored and escalated where appropriate. A supervisor said, "I feel that any concerns raised are actioned and the relevant health professional's advice is sought. "

Staffing and recruitment

- The provider ensured there were enough staff in place to meet the needs of the people who used the service.
- The provider carried out safe recruitment checks including checks from the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager made use of an internal staffing planning tool to ensure that staffing levels were safe.

Using medicines safely

- Staff supported people to take their medicines safely in line with their care plans.
- The provider had an up-to-date medicines policy.
- Staff were observed by a supervisor in medicines management every 6 months. A supervisor said, "I have completed a Medication Assessors course and the Train the Trainer Medication Awareness course."
- The provider had an electronic system which recorded and analysed medication errors so that they could

be identified and learnt from.

#### Preventing and controlling infection

- Staff were up to date with training they had received in infection control and the use of PPE. One person said, "They are well trained and good at their jobs. They do wear a mask, apron and gloves."
- The provider had an up-to-date infection control policy in place.

#### Learning lessons when things go wrong

- Incidents that took place were reported to and evaluated by the registered manager to monitor risk using an incident reporting system so that action could be taken.
- Supervisions and spot checks were put in place following complaints so that future learnings could be identified
- Learnings from incidents were shared in team meetings. The roots causes were explored so that risk management strategies could then be updated.



# 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 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

- The provider had taken steps to create a positive environment which celebrated diversity but also encouraged transparency. The nominated individual told us, "I'm proud of our culture. We don't always get things right. I'm proud that I lead that culture that when staff make mistakes, they can tell us. So we can look at how things go wrong".
- There was a cultural approach approach to safety in place which recognised individual staff efforts and contributions towards promoting safety with rewards and recognition, as well as empowering staff members to feel supported in discussing safety with management.
- Staff were knowledgeable about the vision and values of the service and the provider had recently carried out a values and behaviours workshop.
- Staff had been given key roles in shaping the culture they worked in. This included a domestic violence champion which had been introduced to support the mainly female workforce during the pandemic.
- Feedback from both people who used the service and staff was regularly sought. Staff meetings and surveys were used to ensure that ideas and concerns could be listened on and care could be tailored to people's needs. A Support Supervisor we spoke to told us, "Management are constantly trying to improve service delivery and work experience for staff. Reviewing and auditing, asking how things can be better and gaining feedback from staff. You don't feel like a number here."
- Staff were passionate about providing person-centred care and helping people to live independently. A care assistant said, "I like the variation in my work - no two days are the same. I also enjoy being able to build working relationships with both customers and the other carers I work alongside, and feel I am making a difference in my customer's lives."

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 legal responsibilities under the duty of candour and had a tool in place to help in making decisions around this.
- There was an up-to-date duty of candour policy in place and the management team spoke passionately of openness and transparency when things went wrong.

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

- The registered manager carried out range of quality checks to ensure that standards of care were being

met. This included finance audits, medication audits, checks on people's consent to care and a quality improvement plan was in place.

- The registered manager completed statutory notifications to regulators and shared information appropriately with external agencies.
- Alternative management arrangements were in place to ensure that regulatory requirements would be met at times when the registered manager was away from the service.
- A business continuity plan was in place to cover emergencies that may arise, as well as risk assessments for various levels of extreme weather. The provider had made arrangements for 4x4 vehicle use for staff if needed as well as blankets and additional checks in place on food for those in fuel poverty.
- A strategy plan was in place that set out steps by managers to improve the service and provide best outcomes for people.

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

- Management had involved people in decisions about the care they received and sought feedback from them. One person told us, "The service seems well managed and the office is organised. I have completed surveys. I have no complaints or ideas for improvement. All aspects of the service are very good; the girls are all very nice and I would recommend them."
- People who used the service and their relatives were involved in reviews of their care.
- People's religious beliefs and cultural preferences were recorded in their care plans.

Continuous learning and improving care

- Learnings from things that went wrong were shared with staff in meetings.
- The provider had used annual surveys and quality assurance calls to capture feedback both from people who used the service and those who worked there.
- Staff told us that they felt well supported in their roles by senior managers. One supervisor told us, "Management have been very supportive towards me, offering extra support if required, supervision and training."

Working in partnership with others

- Staff worked with the local authority and alongside healthcare professionals to meet people's needs.
- The provider attended forums with other Bluebird providers to seek the best outcomes for those that used the service and drive improvement.
- The provider took part in community outreach programs and support groups to build ties with the local community and to seek best outcomes for people who used the service.