

ATS Manchester North/Salford

# Bluebird Care (Manchester North and Salford)

## 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

### About the service

Bluebird Care (Manchester North and Salford) is a domiciliary care agency. It provided personal care to people living in their own homes. At the time of our inspection, the service was providing support to 6 people, all of whom received support with the regulated activity 'personal care'. This is help with tasks related to personal hygiene and eating. We also considered any wider social care provided.

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 supported one person diagnosed with a mild learning disability. This did not impact on the support they needed or their ability to make their own decisions. We assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

People and their relatives were very positive about the care and support provided by Bluebird Care (Manchester North and Salford). A case manager said, "They are very efficient, always deal with requests promptly and most importantly, they make their clients a priority and tailor each package to those clients' needs."

Care and support plans identified people's support needs, provided guidance for meeting their needs and managing identified risks. People and their relatives had been involved in agreeing and reviewing the care and support plans.

People were supported to maintain their health and nutritional needs where applicable. People were supported to take part in local community activities where this was part of the agreed support.

Staff were safely recruited and received the training they needed for their role. Staff were positive about working for the service and felt well supported by the management team. Consistent staff supported each person so they knew people's needs well.

A quality assurance system was in place. Communication between people, their families, the staff teams and the management team were good. Any issues raised were resolved.

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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 25 May 2022, and this is the first inspection.

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 (Manchester North and Salford)

## **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 completed by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own or their families 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2023 and ended on 5 April 2023. We visited the location's office on 4

April 2023.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 members of staff including the registered manager, nominated individual, support worker and director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Following our visit to the office we spoke with 1 person who uses the service, 2 relatives and 3 support workers by telephone. We contacted 3 case managers working with the service by email,

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people may face had been identified and guidance provided to minimise these risks. Staff knew the people they supported and how to manage the known risks.
- Any additional potential risks for members of staff were also identified and guidance provided. Staff said they felt well supported by the management team following an incident. One member of staff said, "I had difficult incident last week; the amount of support I got from [registered manager] and [nominated individual] was incredible. They came straight out to the property, supported me, and checked I was okay. I felt safe due to the support and backup."
- The registered manager investigated all incidents and ensured appropriate actions had been taken to reduce the risk of a re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to explain what they would need to report if they had any concerns or issues via the electronic care planning system on their mobile phone.
- The registered manager had worked with a case manager to put support in place for 1 person at risk of abuse.

Staffing and recruitment

- There were enough staff to attend all calls and meet people's needs. Staff stayed the full length of the call times. Regular staff supported each person so they could get to know them and their needs well. A relative said, "It's always the same staff. They arrive on time and always stay the time they should do."
- Staff were safely recruited with all pre-employment checks completed before they started working at the service.

Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (MAR) system was used. This would alert the management team if medicines had not been administered at the agreed time and they could then follow this up. The MARs were fully completed and the registered manager audited them each month.
- The support people required with their medicines was recorded. A relative said, "We agreed that the staff would support with [name's] medicines. They got all the tablets into blister packs, so it is easier for staff to dispense them. It's been a boon for me."
- Staff had completed on-line medicines training and competency checks had been carried out to ensure they were following best practice.

## Preventing and controlling infection

- Personal protective equipment (PPE) was provided for staff.
- Where it was part of the agreed support, staff supported people to maintain the cleanliness of their own home.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their roles. Staff completed a range of on-line and face to face training when they joined the service. The on-line system highlighted when refresher training was becoming due, and staff were prompted to complete the courses required.
- Specific training to meet people's specific needs was being arranged, for example in acquired brain injury.
- Staff were introduced to the person they would be supporting and completed shadow shifts so they could get to know each other and learn people's support needs. A relative said, "When there's been new staff they've to watch what to do and learn from the existing staff."
- Staff said they were well supported by the registered manager and nominated individual. One member of staff said, "When I started I did 3 shadow shifts. [Registered manager] came out to observe me, to see how I was getting on and to ask how I was feeling."

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

- The registered manager completed an initial assessment of people's support needs with them and their relatives where applicable. This was used in conjunction with the case managers assessment of needs to write the care plans for the agreed support. A case manager said, "They make their clients a priority and tailor each package to those clients' needs."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of people's support plan, people were supported with their nutritional and health needs.
- Staff prepared meals with or for people. Guidance was provided for the support people needed whilst eating and drinking. People's food preferences were recorded where applicable.
- Where it was part of people's support plan, staff supported people to attend medical appointments. One person said, "They (the staff) help me with my medical appointments. They remind me of them and take me if needed."

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

- Bluebird Care (Manchester North and Salford) worked with other support agencies who also provided support for people. Any other professionals involved in a person's support, for example dietician and physiotherapist, were recorded and any guidance followed.
- The case managers we contacted were positive about how the service had worked with them to arrange, agree, and review the support people needed. One said, "I have only been working with Bluebird for a short time and I have found them to be helpful, accommodating and professional."

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 currently supported by the service either had capacity to consent to their care and support or their capacity had been assessed as part of their assessment by their case managers. Where relatives had lasting power of attorney (LPA) to legally make decisions on their relative's behalf, this was confirmed by the registered manager. All support was agreed in collaboration with the person's family where appropriate.
- Staff knew the people they supported well and involved them in making day to day choices.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives were positive about the support they received and clearly told us the staff were kind and respectful. One person told us, "I would say they (the staff) are kind and caring. They listen to me and are non-judgemental."
- Relatives were also very pleased with the care and support provided. A relative said, "The staff are lovely, kind and caring; they go out of way to look after [name]."
- Staff prompted and encouraged people to do things for themselves where possible. Care records supported this.

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

- People and relatives said they had been involved in agreeing and reviewing the care and support plans. A relative said, "I still wanted to be involved, for example taking [name] out for lunch, so we planned the support timetable around this."
- Relatives said staff and the management team communicated well with them. A relative said, "[Registered manager] is always emailing; asking for things and checking everything is okay."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. Clear routines identified the support each person needed.
- The person and relatives we spoke with all said they had been involved in agreeing and reviewing the care plans. One relative said, "Without a shadow of doubt I would email or ring [registered manager] if I had a concern or needed the tasks changing. We met again to review and re-affirm everything; we made a couple of additions for the carers to do."
- Case managers said they were fully involved in developing and reviewing the care plans. One case manager said, "The support plan draft was turned around quickly after meeting with the client and was checked with me prior to finalising. Corrections made swiftly to enable the package to be set up quickly."

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.

- People's communication needs were recorded. Staff said they always supported the same people, so were able to get to know them, and their communication needs, well.

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

- Where it was part of the agreed support, people were supported to participate in activities of their choice and to go out locally.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received.
- Relatives we spoke with said they were confident to raise any concerns they had with the registered manager and that they would be listened to. One relative said, "If I need to I'd speak with [registered manager] or [nominated individual], but I've never had to."

End of life care and support

- No one currently supported by the service was receiving end of life support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A quality assurance system was in place. Formal checks were completed for medicines administration. All care plans were reviewed to ensure they reflected people's current support needs.
- Bluebird is a national franchise and has a central quality team to provide audit templates and advice. They also completed quality monitoring visits to the service to check compliance with regulations and Bluebird policies.
- The registered manager attended regular meetings with other Bluebird managers to discuss any changes in the franchise policies. This also provided an opportunity to learn from other manager's experiences.
- The management team were clear about their roles and were very 'hands on' with the care packages, the people supported and their relatives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback we received from people using the service and their relatives was very positive. They said the staff were kind, caring, respectful and completed all the tasks agreed in the care plans. People or their relatives had been asked for their feedback on their support and said communication with the registered manager was very good.
- Feedback from members of staff was equally positive. They said they were well supported by the registered manager and nominated individual. They were able to contact the management team at any time if they needed to. One member of staff said, "They are so supportive here; it's like working for a family" and another told us, "The support here has been very good. It's the best company I've worked for."
- Staff said the communication within the team was good. Staff meetings were held, and information was shared using the electronic care planning system and via a private WhatsApp group to ensure any changes in people's support was communicated to all members of staff.
- The case managers were positive about the support provided by Bluebird Care (Manchester North and Salford). They said, "They have evidenced being client-focused and flexible," and, "They resolve issues quickly, always have very good documentation and communicate exceptionally well."

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 knew their responsibilities under the duty of candour. They had policies in place

to ensure they were open and transparent when things went wrong. They told us it was important to use these experiences to learn and improve from.

#### Working in partnership with others

- The service worked with a range of other professionals where they were involved in people's care and support. This included other care agencies (where support was provided by 2 different agencies), medical professionals and case managers.