

Audagio Services Ltd
Bluebird Care
(Southampton)

Inspection report

26 The Avenue
Southampton
Hampshire
SO17 1XL

Tel: 02380018221
Website: www.bluebirdcare.co.uk/southampton/home

Date of inspection visit:
22 March 2023
27 March 2023
03 April 2023

Date of publication:
24 May 2023

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 (Southampton) is a home care service providing personal care to people in their own home. The service provides support to people with a range of personal care needs. At the time of our inspection there were 40 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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's feedback about the service was very positive and they reported good outcomes from the support received. A typical comment was, "The quality of the care is excellent."

The provider had processes in place to keep people safe and manage risks, including risks around infection prevention and control. There were sufficient suitably skilled staff to support people safely. There were processes to manage people's medicines, and to protect people from the risk of abuse or poor care.

The service people received was well led. The service focused on person-centred care and good outcomes for people. There were effective systems in place to manage the service, improve the quality of care people received, and support staff to deliver high quality care. The provider had a clear vision for a "culture of excellence" working as "one family".

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 (published 19 May 2020).

Why we inspected

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

A recent monitoring activity did not gather all the information we needed about systems to keep people's care records current and up to date. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 (Southampton)

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

An inspector and an Expert by Experience carried out this inspection. 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 homes.

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. The provider's care manager had recently submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave a short period notice of the inspection so the provider could make sure people we wanted to speak with agreed to take part in our inspection.

Inspection activity started on 22 March 2023 and ended on 3 April 2023. We visited the location's office on 27 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 information gathered as part of monitoring activity that took place on 19 October 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service. We spoke with the manager and 7 members of staff. We reviewed records relating to people's care and the running of the service. These included care records for 5 people and 4 staff recruitment files.

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

- People were safe and protected from avoidable harm because staff knew them well and understood how to support them safely. People told us they felt safe and had confidence in their care workers. One person said, "I'm feeling fine with the carers. They make me feel safe enough."
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed. Where concerns were raised, the provider worked with other agencies, such as the local authority safeguarding team, to keep people safe.

Assessing risk, safety monitoring and management

- The provider had processes in place to manage risks to people's safety and wellbeing. Care plans contained, and were informed by, risk assessments for risks such as choking and falls, and risks associated with people's home environment. Staff told us they had all the information they needed to keep people and themselves safe while supporting them with personal care.
- The provider had assessed risks associated with the delivery of the service, such as the impact on staff mental health and wellbeing. There was an up to date COVID-19 risk assessment. The service kept people safe through effective risk identification and management.

Staffing and recruitment

- The provider had processes in place to recruit people safely. Records showed they carried out the necessary checks to make sure staff were suitable to work in the care sector. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked recruitment files contained the necessary records.
- The provider made sure there were sufficient numbers of staff to support people according to the agreed packages and rotas. Staff confirmed if 2 care workers were needed to support a person safely there were always 2 available. People told us there were always staff available for their calls, and staff had sufficient time to spend on the calls. One person said, "I think I'm very satisfied the carers cover all the duties before they leave. If they have extra time with me, they don't rush off, they have a cup of tea." The provider deployed sufficient staff to support people safely and with care.

Using medicines safely

- The provider had processes in place to make sure people had their medicine safely. Staff had training in administering medicines, and this was followed up by competency checks to make sure the learning had been understood. Care plans included information staff needed, such as the reason for the medicine and any possible side effects.

- Where the provider supported people with their medicines, people were satisfied this was done safely and according to their preferences. One person said, "I'm happy with the care I get and feel safe. They give me support with my breakfast and make sure I take my meds safely."
- Where people did not want the provider to support them with medicines, this was made clear in their care plan. One person told us, "I take medication, but I'm independent doing that. The carers just check afterwards." The service kept people safe by managing medicines according to people's needs and preferences.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. People confirmed measures were in place concerning personal protective equipment (PPE) and hand hygiene. One person said, "I feel they have excellent hygiene standards and also keep me clean. They wear all the protective clothing and also keep my environment clean."
- The provider had recently updated their infection control policy. This covered hand hygiene, respiratory hygiene, PPE, how to manage positive COVID-19 cases, food hygiene, and risks from contact with bodily fluids. Staff had detailed guidance to maintain high standards of infection control and prevention.

Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. Incidents were reported by staff in the online system, and reviewed by office staff. There was a monthly audit by the provider's quality officer to analyse incidents for trends and patterns. Records showed lessons learned from accidents and incidents were shared. Where appropriate the accident and incidents process interlocked with the provider's safeguarding process.

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

- People told us the service was well managed and they would recommend Bluebird Care (Southampton). One person said, "I've never had any problem with the management. They always answer the phone when I need to speak to them straight away. Other times, they are visible and I'm happy to use them for advice when I need them." Staff told us the service was very well managed and they felt supported to deliver high quality care and support.
- There was an open, inclusive culture. Staff were empowered to become "care champions" and team leaders with responsibilities for identifying best practice and mentoring colleagues. Staff told us there was effective two-way communication and managers listened to and responded to them.
- The care and support people received led to good outcomes for people. Staff gave us examples of how their support made a difference to people. One person supported to go out in their wheelchair had seen an improvement in their mental health and wellbeing. A person we spoke with told us, "I'm generally very satisfied that all my care needs have been covered at the end of each visit. If I ask them to do extra, they will do it."

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 responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- Staff understood their roles and responsibilities. The provider communicated these via handovers, supervisions, observations, and appraisals. There were regular meetings for care staff and office staff. Staff kept in touch with each other using secure social media. The provider used effective communication methods to keep staff informed about people's needs and changing conditions.
- The manager understood their regulatory responsibilities. They notified us in a timely manner when certain events occurred as required by regulation. There were appropriate audits and checks on the quality of service delivered. The provider had effective governance processes based on their online systems.
- At the time of our inspection there was no registered manager in post. The provider had taken satisfactory steps to recruit a manager who was in post and had submitted their application shortly before our inspection.

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

- The service involved people and their families in a meaningful way. There were regular care plan reviews in which people and their relatives participated. People told us they felt engaged and involved. One person said, "I often get asked about the care plan and if anything needs changing."
- Staff told us they felt engaged via supervisions and other meetings. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.
- The provider considered equality characteristics in their engagement with staff and people using the service. They listened and responded to staff's need for reasonable adjustments to be made to help them do their job. There was a quality focus on knowledge around supporting people from the LGBTQ+ community. This was underpinned by the provider's approach to human rights – fairness, respect, equality, dignity and autonomy (FREDA).

Continuous learning and improving care

- The provider had a service improvement plan. This included actions identified in internal audits, care plan reviews, the manager's monthly report and the provider's business growth plan. Since our last inspection the provider had overhauled staff training and introduced a new training supplier, trained office staff in supervisions, reviewed all office records, updated their recruitment process. The provider continually worked to identify possible improvements to staff engagement by motivational awards and communications, such as a weekly newsletter.
- The provider identified where technology solutions had the potential to improve people's experience of care. They had recently changed their online care planning software. Staff told us the new system was an improvement and the installation and cutover had gone smoothly.

Working in partnership with others

- The service worked in partnership with other agencies and healthcare professionals, including GPs, occupational therapists, and specialist nurses. They had worked in partnership to improve care for people with Huntington's disease, and to improve staff knowledge around feeding tubes, blood sugar monitoring, and insulin administration. The provider worked with a local university to provide placements in community care for student nurses.