

Jan Walsh & Co (Warrington) Ltd

# Bluebird Care (Warrington)

## 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 (Warrington) provides care and support to people living in their own homes. 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. At the time of our inspection 13 people were receiving personal care.

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

Systems were in place to prevent and control the spread of infection; particularly in response to COVID-19. However, some improvements were needed in relation to staff COVID-19 testing. The registered manager was open and transparent about the issues found and took immediate action to address this and implemented robust systems to ensure staff followed current testing guidance.

Staff received training in relation to infection prevent and control and received regular updates. People and family members told us staff wore the correct PPE during visits and staff told us they had access to enough supplies.

People told us they felt safe whilst being supported by staff and family members were confident their relatives were well looked after. Risks to people's health and well-being had been assessed and staff had access to information and guidance about how to manage these and keep people safe from harm. Staff had received safeguarding training and knew how to identify and respond to incidents of concern.

The registered manager followed safe recruitment and completed appropriate safety checks on new applicants to make sure they were suitable to work for the service. People told us, and family members confirmed, that care and support was provided by regular staff who arrived on time. Staff told us they were given enough time to complete all tasks required whilst still being able to chat with people and their family members.

People's care and support needs had been assessed and staff were provided with information and guidance about how to meet people's needs effectively. Staff received training relevant to their role and the needs of the people they supported. People and family members felt confident staff knew what they were doing and had the right skills and knowledge to carry out their role.

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.

People and family members spoke positively about the staff and the relationships that had been developed. Staff took time to get to know people and it was evident they knew them and their families well. People received care that was person-centred and based on their wishes and preferences; people and their family

members were involved in the planning process. Care plans contained information about people's life histories and what was important to them to allow staff to get to know them before providing support.

The registered manager promoted a culture that person-centred; this was evidenced by the feedback received from people, family members and staff. People and family members were happy with the service they received, and staff told us they felt supported by the registered manager and office staff. Regular checks were completed on the safety and quality of the service in order to promote continuous improvements to people's care.

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 19 September 2019 and this is their first inspection.

#### Why we inspected

The inspection was carried in line with CQC inspection guidance for newly registered services.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

This service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

This service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

This service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

This service was well-led.

Details are in our well-led findings below.

**Good** ●

# Bluebird Care (Warrington)

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 December 2021 and ended on 21 December 2021. We visited the office location on 16 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four family members about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Whilst systems were in place to control and prevent the spread of infection, some improvements needed to be made; particularly in response to COVID-19.
- The registered manager was open and transparent about staff not always following current guidance in relation to COVID-19 testing. They took immediate action to address this and implemented robust systems to ensure staff followed guidance. This was confirmed by staff we spoke with.
- Staff received training in infection prevention and control (IPC) and the safe use of PPE. They were provided with regular updates and changes to IPC guidance.
- Staff told us they were provided with enough supplies of PPE and people and family members confirmed staff always wore the correct equipment when providing care.

### Systems and processes to safeguard people from abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and knew how to identify and respond to any concerns or allegations of abuse.
- Safeguarding records were kept, and incidents of concern were investigated and reported to relevant professionals.
- Accidents and incidents were recorded and regularly reviewed by the registered manager to look at ways to prevent them occurring in the future.

### Assessing risk, safety monitoring and management

- Risks to people's health and well-being were managed safely.
- Staff had access to information and guidance about people's identified risks and how best to support them safely. One family member told us, "They [staff] make sure he [relative] gets all his turns. He hasn't had any sores or red marks at all since they started caring for him and that's because of them and how good they are at what they do."
- Where people needed support with their mobility, plans were in place to guide staff on how to use equipment safely.
- People told us they felt safe and family members were reassured their loved ones were well looked after. We were told; "Absolutely I feel safe. I am never worried about anything" and "I can relax knowing he [name] is well-looked after. I wouldn't want anyone else to look after him."

### Using medicines safely

- Medicines were managed safely by staff who had received relevant training and had their competency

levels regularly checked. One family member told us, "She [relative] is on a lot of medication. [Staff name] has been marvellous and they [staff] are very vigilant and always give it at the right time and make sure she gets the right medication. If there are mix-ups they are quick to contact the pharmacist to fix it."

- Where people needed staff to support them with their medication, this was clearly recorded in their care plan with guidance about what level of support they needed. We were told; "They [staff] help with my medication morning, noon and night. They make sure I get it all" and "They [staff] sorted my medication out for me when they [pharmacy] got it wrong which was good. It was better coming from them than me."
- The service used electronic medicine administration records (eMARs). This system meant staff could not log out of people's calls until prescribed medicines had been recorded as administered.

#### Staffing and recruitment

- Safe recruitment processes were in place. A range of pre-employment checks and assessments were completed to make sure new applicants were suitable to work for the service.
- People and family members told us staff arrived on time and stayed for the full duration. Comments included; "They [staff] turn up on time. [Relative] never raises any concerns about that" and "They [staff] are always on time but they will ring if there are any problems or if they are running a little bit behind."
- Staff told us they received their rota in advance and felt the calls allocated were achievable and they never felt rushed. They told us they were given enough time to complete all the required tasks and travel between calls.



# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed, and care delivered, in line with current best practice.
- Plans were in place that provided information and guidance about people's needs and how to support them in a way they preferred.
- People's oral health was considered as part of the assessment process and plans in place to ensure their oral needs were met by staff.
- Where people needed support with their meals, this was clearly recorded, including what level of support was needed.
- Risks associated with people's food and drink intake were considered and relevant guidance in place for staff to support them safely.

Staff support; induction, training, skills and experience

- Newly recruited staff received an induction that gave them the skills and knowledge they needed to support people. Staff continued to receive training relevant to their role and specific to people's individual needs.
- People and family members were confident that staff knew what they were doing and had the right skills and knowledge to carry out their role. Comments included; They [staff] definitely know what they are doing. She [relative] has Alzheimer's and it depends on her mood. But they just get it. They know exactly what to do" and "They [staff] are very competent."
- Staff told us they were supported to access additional training and qualifications to assist them in their role and any future development plans.
- Staff received regular supervision meetings which gave them the opportunity to discuss any concerns or development needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare and support

- People were supported to access health care appointments when needed.
- Any advice or guidance given by health care professionals following appointments was passed to staff in a timely manner to ensure people's current needs were met.
- People and family members told us staff contacted health care professionals when needed. We were told; "I can guarantee that the girls [staff] will get whatever I need, whether that's calling an ambulance or getting a doctor if I need it" and "They [staff] will contact professionals if they need to such as NHS helpline. They

have previously called an ambulance when needed. They are pretty responsive."

#### 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 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 on 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.

The service was not currently supporting anyone with authorisations in place to deprive them of their liberty.

- Consent for care was mostly obtained in line with the principles of the MCA 2005.
- People's capacity to make specific decisions about their care was considered as part of the assessment process. However, where people lacked capacity, consent was sometimes obtained from people without the legal authority to do so, such as family members. This was discussed with the registered manager.
- Staff ensured people were given choice and control over decisions about their day-to-day care.

# 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

- People were treated well and given the support they needed and wanted by consistent staff who knew them well. One person said, "The ladies [staff] they send are all very nice and polite. They treat me with respect and do exactly what I need them to do."
- Family members spoke positively the staff and how kind, caring and compassionate they were. Comments included; "They [staff] are very caring. They talk to him [relative] like a person. They don't talk down to him. They're really good with him. He calls them 'his girls'. He loves them all" and "They [staff] are a tremendous help for [relative]. They are very friendly. They put her at ease. They have got to know her. They are very kind. Very respectful. It feels like they are friends rather than cares."
- Staff spent time with people and their family members to get to know them and build positive relationships. We were told; "They [staff] interact with her [relative]. They are really positive with her, try and get her talking, they will sing, try and have a laugh and joke" and "They [staff] always have a chat and a laugh with me."
- People's protected characteristics, such as religious, cultural and spiritual beliefs, were considered as part of the assessment process.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and ensured personal care was provided in a way that made people feel comfortable. One person told us, "They [staff] never make me feel embarrassed, ever."
- People were supported to maintain their independence and care plans reflected people's wishes in relation to this. One staff member told us, "We are helping people stay in their own homes for as long as they can. That's what's important."

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

- People were given the opportunity to express their views and be involved in the decisions made about their care.
- Office staff and managers made regular calls and visits to people to discuss their care and their feedback.

# 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 was 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interest and to take part in activities that are socially and culturally relevant to them

- People received care that was person-centred and based on their individual needs, wishes and preferences.
- Care plans contained information about people's life histories and who/what was important to them to allow staff to get to know people before supporting them.
- Staff used electronic devices that gave them access to all the information they needed to provide the right support at each visit. These devices also enabled staff to provide immediate updates about any important changes to people's health and/or support needs.
- Family members spoke positively about the level of communication and staffs' responsiveness to changes in people's health and well-being. Comments included; "I have access to information about her [relative] through an app which is really good. But staff are really good and spotting things and will sometimes come to us and tell us if they are concerns" and "They always contact us if they are concerned. They work with us to get it right."
- People were supported to access the community and maintain social links where needed.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances their carers.

- People's communication needs were considered as part of the assessment process.
- Care plans contained information and guidance about people's communication needs. Where required, alternative methods of communication were used by staff to make sure people received the right care and support.

### Improving care quality in response to complaints or concerns

- People and family members had access to information about to make a complaint or raise concerns should they need to.
- The registered manager kept a record of any complaints or concerns received; action was taken to address any issues reported and improve the care people received.

### End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection. However,

people's wishes and preferences for this level of care was considered as part of the assessment and planning process.

- Where appropriate, family members were included in reviews and conversations about people's care.

# 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 of 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.

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

- The registered manager promoted a culture that was person-centred, open and inclusive.
- People and family members spoke positively about the service they received and the impact on their lives. Comments included; "[Relative] gets a personal service, which they never got with the last company" and "They [Bluebird] are fabulous. We had another company and they wouldn't do anything for him [relative]. His condition has improved, he is much healthier and happier. They have taken a lot of pressure off me."
- Staff told us they loved their job and the impact their role had on the people they cared for. One staff member told us, "I love it. The fact I'm going to people's houses means they can stay in their own homes. You get to know them. They look forward to you coming and sometimes you're the only person they are going to see."

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

- The registered manager was supported by a deputy manager and team of office staff with clearly defined roles.
- Staff spoke positively about the registered manager and their experience of working for the service. Comments included; "I am very happy with Bluebird. Management team are always open to help me out where I need it. I think very highly of that as I haven't experienced that with other jobs. I feel like it's a team" and "It's a good company. If I need to kick off steam, they [managers] make me feel like I can do that. They listen and take it on board. They don't fob me off."
- The registered manager recognised and acknowledged staffs' hard work and celebrated this through 'employee of the month'. One staff member told us, "They [managers] definitely recognise and appreciate us. I randomly got a card saying thank you for what I am doing. That means a lot."
- Regular checks were completed on various aspects of the service to make sure people continued to receive safe, effective, good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with people, family members and staff on a regular basis to make sure they received relevant information about the service.
- Staff told us meetings were held and regular updates were received through e-mails and other messaging formats. They felt listened to and engaged with at all times.

- Feedback from people and family members was received through surveys and regular calls/visits.
- People and family members told us they felt confident speaking to openly with the registered manager about the service received or any changes that were needed. One family member told us, "I can talk to them [registered manager] about anything. If I have any concerns, I know I can just pick up the phone."
- The service worked in partnership with external organisations in order to promote positive outcomes for people using the 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 registered manager was aware of their responsibility to be honest with people when things went wrong.
- The registered manager had reported notifiable events where required to the CQC and maintained records of actions which had been taken. This was to help make sure changes made were effective.