

Better Lives (UK) Ltd

# Bluebird Care (Huntingdonshire)

## Inspection report

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Date of inspection visit:

20 June 2019

21 June 2019

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01 July 2019

## 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 (Huntingdonshire) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people living with dementia, people with mental health needs, people with a physical disability, older people and people with sensory impairments. Its office is based in the outskirts of Huntingdon. At the time of our inspection visit there were 26 people receiving a service of personal care.

### Peoples experience of using this service:

People were effectively supported to be safe by staff who understood how to apply safeguarding systems and reporting procedures. A sufficient number of staff were in post; they continued to be recruited safely. Medicines were administered and managed safely. Risks were identified and managed well. Lessons were learned when things did not go well. There were systems in place to promote good hygiene and infection prevention standards.

Staff received appropriate support for their roles and this included training, supervision, shadowing experienced staff and staff meetings. People's needs were met. The registered manager ensured staff followed best practice guidance such as for medicines in the community. People were supported to eat and drink enough. Staff enabled people to access healthcare support. 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. The staff team worked well with others to help ensure people's care was consistent.

People were cared for with kindness and compassion. People were listened to and staff respected their choices. The registered manager signposted people to local advocacy services. Staff upheld people's dignity and promoted their privacy. People were supported to be as independent as practicable. One person told us how good staff were at supporting them in a dignified way".

People involved others in their care including relatives and friends. People's care plans were up-to-date, accurate and gave staff information they needed about what was important to people. Staff cared for and supported people in the way they preferred. Concerns were acted upon before they became a complaint. Systems were in place to support people with dignified end of life care.

The registered manager had fostered an open and honest staff team culture. Staff upheld the provider's values in the provision of good quality care. Staff received appropriate support for their role. Audits, quality assurance and oversight were effective in driving improvement. One of the many compliments stated, "Thank you for all the lovely care you gave to me from all the staff over the years". People had a say in how the service was run. The provider and registered manager worked well with other stakeholders in providing coordinated care. Systems were in place should any person require information in an alternative format including large print or an alternative language format.

We undertook an announced focused inspection of Bluebird Care (Huntingdonshire) on 18 January 2019. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 19 January 2018 had been made. The team inspected the service

against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements. At this inspection in January 2019 we found the provider had made the improvements they told us they would make.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Rating at last inspection: Good (report published 23 January 2019). At the latest inspection the service had improved the rating in: is the service safe to Good and the overall rating remained Good.

Why we inspected: This was a planned inspection based on the previous rating.

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

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

## 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 (Huntingdonshire)

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The membership of the inspection team:

The inspection was undertaken by one inspector.

This inspection site visit took place on 20 June 2019 and was announced.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 26 people were receiving this service.

Not everyone using Bluebird Care (Huntingdonshire) receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 a few days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. We needed to speak with relatives of people who lacked the mental capacity to do this.

What we did before the inspection:

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

What we did during our inspection:

The inspection took place between 20 and 21 June 2019. It included speaking with people and relatives by telephone. We spoke with five people and four relatives by telephone on 20 June 2019 and one other person on 21 June 2019.

We visited the office location on 20 June 2019 to see the registered manager. We spoke with the registered manager, a care coordinator and one care staff member. We also spoke with another three staff members by telephone.

We looked at three people's care records and their medicines' administration records. We also looked at staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality assurance, accidents and incidents, compliments and complaints.

# Is the service safe?

## Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place. All staff spoken with understood how to apply safeguarding. They knew who they needed to report any concerns to including the registered manager. Staff kept up-to-date with effective training on this topic.
- People told us that they had never had a missed care visit and that staff stayed until the person's care and support was safely completed.
- People told us they felt safe. One person said, "[Staff] place my zimmer frame within reach and check I have my [lifeline] call pendant." A relative told us staff were "always very careful when helping to hoist" their family member". The registered manager told us how they supported people to avoid scams including financial products.

Assessing risk, safety monitoring and management

- Risks to people were identified and systems were in place to manage these. Staff knew how to mitigate each person's risks as well as promoting independence in taking risks that were safe.
- People's home environment was checked for safety and reviews of this promoted people's safety. People and relatives said staff were attentive in checking equipment before use. One person told us how good staff were at keeping their house tidy and clean. There were emergency plans in place to ensure people were supported in events including a fire.
- A staff member told us that their training on moving and handling equipment and people's skin integrity helped them to ensure any risks to people were safely managed.

Staffing and recruitment

- Staff recruitment systems remained effective in ensuring only suitable staff were employed.
- People and relatives told us that there was enough staff who had the skills to keep people safe. The registered manager told us that they only recruited staff who could demonstrate the right values in the first place..
- Staffing levels were based on people's needs and were changed according to their needs. Systems were also in place to help ensure any staff absences were covered such as for leave or sickness. One person told us, "I need two care staff to help me, there are always two who arrive together. A relative said, "I always get a phone call if [staff] are ever running a little late due to traffic."

Using medicines safely

- Medicines were managed and administered safely by trained and competent staff. This helped ensure

good medicines' administration practice.

- Effective audits were in place to ensure any errors with medicines such as recording were promptly acted on. Medicines were disposed of safely including if they had been accidentally dropped.
- People could be as independent as they needed to be with their medicines. One person said how staff were "very good at making sure" they took all their medicines "with a glass of fresh water". One relative told us they provided all their family member's support with medicines and a record was kept for when staff took responsibility including holiday periods.

Preventing and controlling infection

- Systems were in place to promote good standards of infection prevention and control.
- Staff were trained and upheld good hygiene standards by wearing protective clothing. Observations of staff's practice were in place on this topic including disposal of any waste materials safely. One person said that staff were "meticulous in cleaning the kitchen surfaces" and "always wash their hands and wear gloves".

Learning lessons when things go wrong

- The provider and registered manager made improvements when things did not go so well. For example, how staff reported incidents around medicine's administration and reporting this to the appropriate authorities.
- The registered manager told us that they were now fully aware of when to report any such incidents. One staff member told us how staff meetings were used to share learning and make improvements to people's care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's preferences, care and support needs were comprehensively assessed; staff with the appropriate skills were deployed to meet these. People's care and support was regularly reviewed. One person said, "I have never had any concerns with how [staff] care for me. They know me better than I do."
- Staff applied learning effectively in line with best practice including medicines' administration in the community and pressure ulcer prevention. This led to good outcomes for people and supported a good quality of life.
- Care plans contained information about people's needs and it was evident that staff knew people well. One relative told us, how good staff were at being watchful and noticing any changes to their family member's needs. Another relative said how "friendly and helpful" staff were with everything needed.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills required to meet people's needs. There were training plans in place which were reviewed and updated on a regular basis. Staff told us the registered manager responded to any training requests. A staff member said, "I am being supported with a management qualification in care. I can seek support from the [registered] manager at any time, literally."
- Staff told us they had regular supervision meetings with the registered manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Staff told us that this support was always positive and that the registered manager listened before taking any action needed. One person said, "I can't fault the care. [Staff] know exactly what to do and new ones are shadowed by the experienced ones first."

Supporting people to eat and drink enough to maintain a balanced diet

- Various systems were in place to ensure people ate and drank enough including helping people shop for food on line and relatives doing their grocery shopping.
- In addition, people living with diabetes and food intolerances had the necessary support such as, low sugar content food or avoiding grapefruit juice. One person told us, "I love my cup of tea and [staff] leave me enough to drink before their next visit." Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. Staff knew what to do if people did not eat or drink well.

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

- Referrals to healthcare professionals such as diabetes nurses, GPs and dieticians were made in a timely

manner. Care plans were updated with the latest information; staff adhered to this.

- Staff knew people extremely well and ensured that any changes in a person's condition were noted and discussed with the registered manager. One person told us, "I can't fault how well my care is going. It is enabling me to be at home which is where I want to be."
- People's care plans showed the involvement of health care professionals, for example, community nursing and chiropodists appointments.

Supporting people to live healthier lives, access healthcare services and support

- People received support to access health care and staff followed guidance from health professionals including people who needed care at a specific time to coincide with this. A relative told us that they "couldn't praise staff enough for their diligence", this had resulted in prompt referral to health professionals and the person had been much better since.
- Information was shared with other agencies if people needed to access other services such as hospitals.

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 of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. No person had any such orders in place. However, people had appointed powers of attorney for situations including financial affairs.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people had a reduced ability to make decision, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs including pictures, audio and large print if needed. Input and involvement with family, friends and advocates was arranged where appropriate.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question rating remained the same. 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

- Assessments of people's needs were undertaken for those who used the service. People's care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people's individual needs well including people who were partially deaf. One person praised staff for being able to "trust them implicitly."
- Care plans contained information about people's needs and it was evident that staff knew people well. One person told us, "The [staff] couldn't be kinder to me. It means the world to know I can rely on them every day whatever the weather." A relative said, "I let [staff] get on with [care]. They have a way in getting my [family member] to roll over, have discreet care but also to have a laugh. That's when I know everything is going well."

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

- Staff supported people to make decisions about their care. Decisions were recorded in their care plans such as what their favourite meals and drinks were and how they liked to have butter on toast.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they weren't discriminated against in any way. A consistent and positive theme throughout our inspection was how complimentary people were about how respectful all care staff were. One person said, "I am always kept covered. [Staff] warm my clothes and get all my toiletries ready first."
- People's right to privacy and confidentiality was respected. Staff only discussed people's care with the person's permission.
- People were afforded choice and control in who and how their care was provided. One person told us, "I need [female staff] for my personal care and I always get one. Staff promoted people's independence. One relative said how good staff were at getting their family member to drink enough and to wear a variety of clothes each day."
- Staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "Staff always knock on my door say "hello" and ask me how I am before providing

any care."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Management staff identified people's likes, dislikes and preferences; care staff knew these well. They used this detail to care for people in the way they wanted. For example, the times people wanted their care visit and if this needed to coincide with other care and support, such as from community nurses. One person told us how their care visit had been changed as they preferred to get up quite early.
- Staff supported people to be independent with their care by providing person-centred care based on people's most up to date needs. People were able to make choices and have as much control and independence as possible. This included involvement in deciding the amount of care and support that was needed. Relatives were also involved where people wanted this.

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 to their carers.

- People were supported to access and receive information in a format that they preferred. Examples of this included consistent use of serviceable hearing aids, staff who spoke the same language as people, effective use of communications by text messages, e-mail and large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and they had followed this. Actions were taken when people raised concerns including changes to staff who were more suited to people. One person told us that there were no ill feelings at all, but they had "developed a better rapport" with their new care staff.
- Compliments were used to identify what worked well. Some examples of the many of these included, "Thank you for everything. All your staff have been amazing. I can't thank you enough for being kind, caring and showing our [family member] such great support" and "Thank you for alerting us to a potential scam and for staff being diligent in contacting me first."

End of life care and support

- Although no person was currently in receipt of end of life care, there were robust systems in place to support this when needed. One staff member told us about their training on this subject and how it helped them understand different cultures. One compliment from a relative sent to the registered manager stated, "We would like to say we are very appreciative of the help from Bluebird Care. It made all the difference to my [family member's] life and also mine. There was nothing that was too much trouble."

- The service supported people's relatives and friends as well as staff, before and after a person passed away.
- The registered manager showed us the provider's end of life care policy. This included early engagement with health professionals and how observance of any do not resuscitate orders was paramount to providing dignified care. Several staff had a lead role in end of life care. One staff member said, "I like caring for people at this important time of their life. Sometimes you have to just listen. Some people like to be alone or peaceful. It is their choice."
- People's advanced decisions about end of life care included preferences relating to protected characteristics, culture and spiritual needs.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff told us that they felt listened to and that they could approach the registered manager or the provider at any time. Staff understood the importance of promoting the providers values and vision to provide good quality person-centred care that was effective. One staff member told us that they had rang the registered manager and had received a positive response.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, staff and stakeholders.
- The management team encouraged feedback whether this was positive or not. Prompt actions were taken and continuous improvement was seen, by all the staff team, as a day to day occurrence. One person told us how good the service was at in being "very flexible in changes to the timing or duration" of their care visits.

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 service was well-run and the registered manager was fully aware of when they needed to tell us about various situations included medicines' errors. Learning was shared amongst the staff team to prevent recurrences.
- Apologies were sent to people explaining what had gone wrong and what improvements were made to help prevent the potential for any more occurrences.

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

- All staff members understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service.

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

- The provider gave people and staff the opportunity to comment on the service and its provision. Comments from people were mostly positive and included, "I would definitely recommend the service" ... "I asked for a change in staff and this happened and "I have never had to complain, ever." The registered

manager told us, "I tell staff about their responsibilities and discuss complaints such as staff not administering medicines' correctly. I make this this anonymous, so all staff can make improvements if needed." All people, relatives and staff confirmed they would recommend the service to others, and as a place to work.

- The registered manager liaised well with local health professionals, managers from the provider's other services and used good practice examples to improve people's care.

#### Continuous learning and improving care

- Actions taken following a quality assurance survey included, updating care plans, making sure staff rotas were sent in good time and informing people when staff changed.
- Where actions and improvements had been made, these had been sustained.

#### Working in partnership with others

- The registered manager had developed good working relationships with other stakeholders involved in peoples care. These included local GP services, community nursing teams, safeguarding and social services. The registered manager told us that the nominated individual visited every week and was "always contactable by phone". The nominated individual is responsible for supervising the management of the service on behalf of the provider. A staff member told us that any changes to people's care following a hospital visit, was implemented as soon as possible.