

Esha Home Help Ltd

# Bluebird Care (Leicester)

## Inspection report

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29 March 2019

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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 (Leicester) is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a service to people with physical disabilities people with dementia and older adults. At the time of the inspection, 47 people were receiving support with personal care.

People's experience of using this service:

- People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed, and preventative action was taken to reduce the risk of harm to people.
- People were supported with their medicines in a safe way. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.
- People were protected by safe recruitment process which ensured staff were suitable to work in care services. There were enough staff to meet people's needs. All staff received training for their role and ongoing support and supervision to work effectively. Some staff received specialist training for people with complex needs.
- People 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. The provider followed the principles of the Mental Capacity Act, 2005 (MCA) in planning and delivering people's support. People's consent was obtained before they were supported.
- People were involved in their care as far as possible and care plans were regularly reviewed and updated as people's needs changed. Where appropriate people's relatives were involved in planning and reviewing people's care.
- Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure people's care needs were met.
- People's relatives were happy with staff who provided their relations personal care needs and all had developed positive trusting relationships.
- People and their relatives were encouraged to provide feedback about the service which was used to assess the quality of the service and to make any improvements. The provider had a process in place which ensured people could raise any complaints or concerns and people felt comfortable to do this should they need to. The provider had received many thank you cards and questionnaire feedback which included

positive comments regarding the care staff provided.

- The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality, person centred care.
- The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong, and improvements made to prevent re-occurrences. The provider worked in partnership with other agencies to meet people's complex and diverse needs and people's health and well-being was continuously monitored at the service.

Rating at last inspection:

At the last inspection the service was rated as Good (April 2016).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

## 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 remained safe.

Details are in our Safe findings below.

**Good** ●

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

The service remained effective.

Details are in our Effective findings below.

**Good** ●

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

The service remained caring.

Details are in our Caring findings below.

**Good** ●

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

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

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

The service remained well-led.

Details are in our Well-Led findings below.

**Good** ●

# Bluebird Care (Leicester)

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger people, some with physical difficulties, older adults and people living with dementia.

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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 19 March and we made calls to the people who used the service and staff on 28 and 29 March (respectively) 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR). 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 used this information to plan our inspection.

During the inspection, we spoke with three people who used the service and four relatives. We also spoke with the provider, registered manager, a care co-ordinator and four care staff.

We reviewed a range of records. This included three people's care records and three staff files. We also viewed training records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a range of additional information which was sent promptly following the inspection. We used this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of avoidable harm. People and peoples' relatives we spoke with told us they felt safe with the visiting staff.
- Staff knew how to identify the different signs of abuse and felt confident their concerns would be acted on by the registered manager or office staff.
- Staff had completed safeguarding adults and children training and this was up to date.
- The registered manager was aware of their responsibilities to inform external agencies such as the local authority safeguarding team and the CQC were notified of all relevant incidents.
- The service had safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were assessed and plans to manage risk were included in people's care plans. This included risks relating to the individuals medicines, mobility and their home environment. Records showed assessments were detailed, reviewed regularly and reflected the current risks to people's health and safety.
- Staff occasionally worked with the same people but consistency of visiting staff was not assured. This resulted in some people having to explain the way they preferred their care to take place. We spoke with the registered manager who has planned to take action to alleviate this issue, by ensuring staff consistency of visits.
- The provider had a system to record accidents and incidents. The provider informed us there had been no accidents or incidents they needed to inform us about.

Staffing and recruitment:

- People and people's relatives told us people received care and support from staff who, in the main arrived on time or very close to the planned start time. Staff told us the biggest issue was travel time between calls and the traffic delays experienced at peak times of the day. A person said, "Staff are not always on time, but usually [arrive] within the 15 minute window, and they stay their time. On the one occasion there was no carer they phoned to let me know." A relative said, "They are very good and are usually on time."
- Most people told us that for most visits they received calls from a small group of staff which they liked as it encouraged consistency. However, one person said, "If a new carer comes I need to explain about what I need doing as there is no copy of the care plan or staff rota at my house." We spoke with the registered manager who said most staff rotas were sent to people by email. Where people preferred a paper copy, they had ascertained who chose this type of communication. They stated they would ask staff to ensure anyone else who required these documents in paper form received them regularly.

- We had mixed opinions from staff if they had enough time to get to each call and to complete the required tasks. One staff member said, "The co-ordination is haywire, the communication is poor at the moment." Another staff said, "I have too long between calls." We spoke with the registered manager who said they tried to roster calls following on from each other, but this was not always possible. Staff confirmed that their rotas were circulated to them in advance and most saw the same people regularly which helped them to understand people's care and support needs. Staff used a computerised system to record when staff arrived at; and how long they stayed at each call. This was monitored by office based staff and helped to ensure people received punctual calls that met their assessed needs.
- Robust recruitment checks were carried out before staff commenced their role. New staff had appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the staff member was of suitable character to work with vulnerable people.

#### Using medicines safely:

- People received the support they needed with their medicines.
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines and others only required prompting or had relatives to support them. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Though staff were trained to administer medicines safely, the records of some creams were not signed for. This could lead to medicine errors, the registered manager agreed to review the quality assurance of these files and remind staff where they were on the electronic recording system.
- Staff who administered medicines had been trained to do so. The registered manager told us staff received regular competency assessments to ensure they remained competent.

#### Preventing and controlling infection:

- Staff had received training in infection control and had access to personal protective equipment such as gloves, aprons, shoe covers and hand gel.
- People and other people's relatives told us staff practiced good infection control measures. One relative said, "When I am here I've always seen them [staff] wash their hands and use gloves."

#### Learning lessons when things go wrong:

- The provider had processes in place to investigate and act on incidents or accidents that could affect people's health and wellbeing.
- The registered manager said any information and updates were shared with the staff through individual or group meetings and the use of email communication. They also had the option of including information in the monthly staff newsletter, or individual messages through the WhatsApp mobile phone app.
- Staff had a facility to report concerns via their hand held device which relayed information to the office staff immediately. This meant that accidents or incidents could be acted on quickly, reducing the risk to people's safety.
- The registered manager informed us changes were made to processes where their staff had come across an issue. For example, staff visits were re-commenced to a person who had used the service prior to being admitted to hospital. Staff quickly realised that the person was still unwell and arranged for a GP visit and the persons return to hospital. This had resulted in the provider now ensuring all people's needs were re-assessed. That meant the provider had acted on past experiences to improve any future care for people discharged from hospital.



# 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

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:

- Before care delivery commenced the provider undertook an assessment to ensure people's needs could be fully met by Bluebird Care (Leicester).
- People received care that reflected their needs and personal choices.

Staff support induction, training, skills and experience:

- People and people's relatives told us they found the staff to be knowledgeable and they understood how to provide the right levels of support. We asked them what staff did if their relative declined personal care. One relative said, "They [staff] come in and start talking to [named] and if they decline care, they [staff] start a conversation. By the time they reach the end, they ask the person again and they were usually happy to comply."
- Staff we spoke with told us they had an induction and some online training when they commenced employment.
- Further specialised training was provided for staff where a specific need arose. For example, some staff had been trained to care for people with motor neurone disease (MND) and multiple sclerosis (MS).
- Staff confirmed they had regular staff supervision since commencing employment. Staff supervision is used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. This enabled their practice to be regularly assessed to ensure they continued to provide people with effective care and support. Staff were also subject to an annual appraisal which helped the registered manager and staff plan any additional training they required.

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

- People received the support they needed from staff with their meals. One relative said, "I do [provide] the drinks and food, but they [staff] always ask [named] its brilliant, and then make them what they wanted."
- People's care records contained guidance for staff on the support they needed with their meals. People's food and drink likes and dislikes were also recorded.
- Where people had specific health conditions that could affect the way their food and drink choices were produced and served, detailed guidance was in place to support staff.

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

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- Specialist advice, training and instruction had been arranged for a number of people using the service.
- Staff and management knew people well and could identify when people's needs changed and seek

further advice.

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

- People were supported to access healthcare services where needed. This included visits and back up information from specialist healthcare staff and visits to GPs.
- A person and people's relatives told us they arranged all access to health professionals so there was no need for staff to arrange any health intervention.

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.
- We checked whether the service was working within the principles of the MCA and found they were. The registered manager had a good understanding of the MCA.
- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. Staff explained how they engaged and talked to people to gain their continued consent. A relative said, "I hear them [staff] inform [named] what they are going to do."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and people's relatives told us they liked the staff who supported them or their family member.
- People and their relatives said staff treated people with respect. A relative said, "Because my wife has [named medical condition] and is low in mood, the staff talk to her and improve her mood." A second relative said, "They [staff] know [named] likes to sing and chat."
- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- Staff understood people's personal choices and cultural preferences, which were detailed in people's care plans.

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

- People and people's relatives felt involved with decisions about their or their family member's care. One person said, "The only issue I have is when my regular carer is off, I prefer more mature carers." The person went onto explain they did not always get their preference. We spoke with the registered manager who said they tried to ensure people's preferences were met, but did not always have the staff to completely satisfy all requests.
- Staff told us they involved people in making decisions about their care. For example, one staff member said they would engage people in conversation, explain what care they were there to offer and ensure the person was fully aware before providing care.
- Care plans showed people and some close relatives had been involved in setting up their care plan. Reviews were planned regularly and involved people and their relatives where appropriate. That ensured people were closely involved in their care and care planning process.
- Information about advocacy was provided for people. Advocates offer independent guidance and support for people who were unable to make decisions for themselves. Advocates can act on behalf of people who may not have a family member to act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- A person and people's relatives confirmed staff respected their privacy and dignity. A relative told us, "Staff are kind, they are able to gently persuade [named] to have a shower." One member of staff said, "I ask [named] if they want a shower, if they said no I would not do it, they've never said no yet."
- People were encouraged to remain independent wherever possible. One person said, "They encourage me to be as independent as possible." Care plans contained information for staff to follow that promoted people's independence.
- People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. Secure systems were used to protect people's data on the handheld devices used

by staff when updating care records. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation (GDPR).

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received support from staff in the way they preferred. This took into consideration people's likes, dislikes and personal preferences. Most people or people's relatives agreed there was a care plan at the person's home. However, one person told us they did not have a paper copy of their care plan to refer too. We spoke with the registered manager who agreed to ascertain people's preferences and supply the appropriate documents.
- Care plans were reviewed regularly and updated when people's needs changed. A relative said, "Staff usually have a meeting every three of four months or if a change is needed I call them up and ask."
- People's support needs were detailed in care plans, there was clear information what level of support the person required.
- People and people's relatives told us people were aware of their care plans and had agreed to the care and support within the plan.
- The provider understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place. There have been no complaints made to Bluebird Care (Leicester) in the last 12 months. We looked at the records of previous complaints which demonstrated all had been responded to appropriately. We asked people if they felt comfortable raising a concern or complaint. One relative said, "Yes totally, they [staff] are very approachable."
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. The provider also audited the complaints to ensure there were no themes or repeated issues.
- We viewed the compliments file which contained a number of 'thank you' cards which were all dated. This is beneficial as we could ascertain when families sent these to the provider. The provider had received twenty two compliments in the past year, the same period of time they had received seven complaints. This indicated people were pleased with the service Bluebird Care (Leicester) provided. Compliments included, I cannot believe the outstanding care my mum is receiving, the difference in her is incredible; You are a credit to your profession we couldn't have done it without you; We would like to say a big thank you to [named three staff] and all the carers that have looked after [named] in her own home, you have all been so kind and caring in every way.

End of life care and support:

- End of life care and support was currently provided to all staff through their training induction. Further specialised training was provided for staff where a specific need arose. That ensured staff were fully aware of the care required to ensure people's comfort at this emotive and stressful time.

- A senior staff member was due to commence a 'train the trainer' course. That would provide them with the skills to deliver 'end of life' training to all staff. The registered manager said they saw this as a valuable benefit where staff could receive refresher training if it was required.
- Recently four carer staff acted as pall bearers for a person they had cared for, which demonstrated staff going the extra mile to support people.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was evidence of continual, good quality care and support offered to people who used the service.
- Staff maintained care in line with the provider's mission statement. 'We at Bluebird Care Leicester pride ourselves on being a professional, modern service, delivering high quality, safe care in the home and community for persons of all ages with varying needs'.
- The registered manager was aware of their duty to inform relatives, stakeholders and the care Quality Commission of accidents and incidents.
- The provider had a good business insight and outlook to provide a good caring service, and constantly endeavoured to improve the service for people.
- People and people's relatives we spoke with felt the service was well managed. People knew the registered manager and management team. People were provided with the details of the office staff they could contact.
- One relative said, "We've met the managers and we all get on together, we are happy with the service. A second relative said, "They [managers] communicate anything I need to know."
- A staff member said, "[Registered manager] is there if you need anything he's always there." A second staff member said, "One time a client was unsettled, I rang the [registered] manager and they came out straight away."

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

- All staff had a clear understanding of their role and the high standards set by the provider for them to provide high quality care and support at all times.
- Quality assurance was embedded in the day to day procedures staff undertook in caring for people.
- Robust governance was embedded into the running of the service.
- The registered manager understood where they were required to inform the CQC of incidents. This meant the registered manager operated in an open and transparent manner.
- The registered manager and management team were very much involved in the day to day running of the service including working alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst they ensured people received a service that met the companies 'mum and dad' test. Where staff were encouraged only to provide care that would meet their parent's approval and standards.
- The provider and registered manager were aware of the legal requirement that the latest CQC inspection report was displayed at the service and online when a rating had been given. The provider had displayed

their most recent rating at the office and on their website.

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. People and staff were encouraged to air their views and concerns. The registered manager told us although they had not had any concerns they would ensure if they did these would be listened to and acted on to help improve and shape the service and culture.
- The registered manager and other's in the management team visited people and people's relatives regularly to seek their feedback. People remembered completing quality assurance questionnaires, though none we spoke with could remember having any telephone calls enquiring about the quality of care. The views of people, relatives and staff were all used to help develop and improve the service. Feedback from internal surveys was positive in all areas. Responses included, Well run and professional. Carers are polite and friendly and meet my expectations; You have a nice team work and friendly [staff]; You provide a first class service; I would highly recommend Bluebird Care for the quality of the care.
- A vigorous staff recruitment process was carried out to ensure that applicants met the provider's requirements and were informed about the complex type of care needs people at Bluebird Care received.

Continuous learning and improving care:

- The provider placed a strong emphasis on continuous learning and improvement. Quality assurance processes were in place that enabled the provider assess where the quality of the service required improvement. The provider said, "I want bluebird care to be known as a trusted provider. Its all about singing from the same hymn sheet."
- The provider recognised that sharing opportunities with people using the service and their relatives or supporters was another way of obtaining feedback as to how the business could improve. The provider had organised an 'afternoon tea' where people who were receiving care and support and their relatives could share experiences and obtain support from like minded people.
- Team meetings were organised regularly and the provider stated topics for discussion were sourced from and suggestions gleaned at people's care plan reviews and other meetings. These were seen by all as an opportunity to learn and improve staff's practice.
- High quality staff performance was encouraged and recognised through a staff recognition programme. This was designed to provide an incentive for staff to provide 'over and above care'.
- The provider said they never stopped developing the staff group. They said they had taken on more staff for 'buddying and handholding' support role. That would enable prospective staff to commence their care employment, without having to provide personal care and so be 'eased' into the role of carer.
- The provider also offered people exit interviews to try and evaluate why the person had ceased using the company as their care provider. This was primarily to retain the number of people who received care and ascertain if there were any areas they could improve. They also offered staff the same experience, this was again to promote staff retention. That demonstrated the provider used people's experience to continuously learn and improve the caring experience.

Working in partnership with others:

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.
- We found the provider had forged links with staff from the motor neurone disease (MND) and multiple sclerosis (MS) societies', as well as speech and language staff (SALT). They specialised in providing guidance for people with swallowing difficulties and advised staff on the consistency of people's food and fluid intake.