

SL Assist Ltd

# Bluebird Care (Stafford)

## Inspection report

8 Marconi Gate  
Staffordshire Technology Park  
Stafford  
Staffordshire  
ST18 0FZ

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Tel: 01785337711

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Stafford) is a care at home service providing personal care to 114 people within their own houses or flats across Stafford and surrounding areas at the time of our inspection

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

People and those important to them were at the heart of their care. People were overwhelmingly involved in the planning and delivery of exceptionally person centred and holistic support from staff. This had significantly improved people and their family's physical and mental wellbeing, independence and overall quality of life.

People were empowered by passionate staff who encouraged people to achieve their goals and follow their interests. People were supported by staff to improve their confidence, spend time in their local community and build trusting relationships with staff and other people receiving care to improve their quality of life. People were consistently supported and encouraged by staff to engage in activities which were meaningful to them. This meant people consistently achieved positive outcomes with their care and support and remained independent for longer.

People felt safe and were supported by safely recruited and trained staff who understood their needs and preferences and knew them well. People were supported to take their medicines as prescribed and access health professionals should they require and wish this. Where the service was responsible, people were supported to maintain a balanced diet. People were supported by staff who were respectful, kind and compassionate.

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 were actively involved in the planning and review of their care and encouraged to give feedback about the service. People's needs, goals and preferences were included in person centred care plans which gave staff clear guidance on how to meet their needs. This ensured people received care and support in a way they preferred. Where people had made complaints the registered manager had dealt with these thoroughly and provided feedback to people and their families.

The registered manager reviewed the quality of the service to ensure areas of improvement were identified and people continued to experience a high quality of care. The registered manager promoted an inclusive and positive culture at the service which meant people felt able to communicate openly with staff and the management team.

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

The last rating for this service was Good (published 10 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### 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 (Stafford)

## 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

The inspection team consisted of one inspector and an Expert by Experience. 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 houses and flats and specialist housing.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 October 2019 and ended on 14 October 2019. We visited the office location on 08 October 2019.

#### What we did before 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. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and ten relatives about their experience of the care provided. We spoke with eight members of staff including the director, registered manager, field care supervisor, a mentor and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visited people using the service.

# 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 inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns with staff. One relative told us, "[Staff] are brilliant. I know it's safe to leave [my relative] in their hands."
- There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns. One staff member told us, "It's about making sure people are safe and they are not at risk of abuse. I would report concerns to the office and they would definitely act on these and speak to social services."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which included clear guidance for staff to manage and reduce the level of risk. For example, people had risk assessments for choking and falling.
- Risk assessments promoted the least restrictive options for people's support. For example, the registered manager worked with a person, their family and the fire service to enable them to continue to smoke safely within their home, as per their wishes.

Staffing and recruitment

- There were sufficient numbers of trained and experienced staff to ensure people's needs were met in a flexible way and people did not feel rushed. One person told us, "[Staff] are very reliable and efficient and if ever we have needed extra help, even at short notice, they have not let us down." Another person told us, "I've got a small number of carers and their timekeeping's very good."
- Staff were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Using medicines safely

- People received their medicines as prescribed by trained staff who understood their responsibilities in regard to medicines.
- The service used an app which staff could access on their mobile phones. Staff received an alert if they had not administered people's medicines as they were prescribed. The management team reviewed alerts hourly which meant the risk of medicine errors had been greatly reduced.
- People's medicines were reviewed by health professionals regularly to ensure they remained effective.

Preventing and controlling infection

- Systems were in place to ensure infection control procedures were followed within people's homes. For

example, staff used protective personal equipment including aprons and gloves when they were supporting people and were knowledgeable about the importance of hand washing and keeping their uniforms clean.

#### Learning lessons when things go wrong

- The provider had systems to ensure learning was considered when things went wrong. For example, accidents and incidents were reviewed by the management team to reduce the risk of reoccurrence and to look for trends. For example, following a person experiencing frequent falls the management team had referred them to an occupational therapist to ensure they had all the equipment they needed to continue to walk safely.



# 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

- The provider had a holistic approach to assessing, planning and delivering care and support. People's physical, mental health and social needs were comprehensively assessed prior to the start of and during their care.
- People's care plans were personalised, included their goals and gave guidance for staff to support them to achieve these. For example, one person's care plan guided staff to encourage them to go out and join clubs.
- People, those important to them, and professionals were involved in the assessment and planning of their care.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction which allowed them to work towards the Care Certificate. The care certificate is a set of standards which staff must adhere to in their daily working life. New staff were supported by experienced mentors to shadow at care calls, this helped staff feel more confident and supported their learning.
- People were supported by an experienced staff team who told us the training was 'really good' and had completed training which was led by the people they supported. For example, staff completed Huntington's and Parkinson's training as people they supported were living with these conditions. This helped staff understand people's needs. One staff member told us, "I didn't really appreciate how Parkinson's effected the brain. The training has helped me with my customers loads as I now understand it may take people a little longer to find the words."
- The management team were committed to developing and retaining staff. The director told us, "We try to offer a nurtured approach with our staff. We want to provide high quality care and have found if staff are nervous, putting them on calls with other staff builds their confidence and gets them involved."
- The registered manager monitored training and staff could request further training where they felt this was required. For example, a staff member told us they requested further training on catheter care to ensure they continued to support people safely.

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

- People were supported to maintain a balanced diet by staff who understood their preferences well. For example, people were supported with a variety of dietary needs, such as vegan and high calorie by knowledgeable staff.
- Staff worked alongside people where they were at risk of weight loss to understand their preferences and involve them in food preparation and shopping. One staff member told us, "I take [person's name] shopping twice a week. It really helps that they come with me as we talk about items to build up excitement around

foods to encourage them to want to eat."

- People were supported to access professional support to maintain a healthy diet where required or where risks of choking had been noted. For example, people had received support from speech and language therapists.

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

- Professionals we spoke with were consistently positive about the service and people were supported to access healthcare services including district nurses. One professional told us, "[Staff] raise issues about people and we have confidence in them to review and raise concerns. They are observant and proactive. I am quite impressed by them."
- People were supported by a consistent staff team who knew them well. One relative told us, "When my relatives needs changed and their health had deteriorated the care evolved in response to this. The service is now helping with medication and this system was working really well."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Records showed people had consented to their care and staff sought consent prior to delivering care.
- Staff had training on the MCA and had a good understanding of capacity. When discussing a person's capacity one staff member told us, "[They're] not really able to make choices in regard to their complex finances but can decide whether they would like to buy something. It's about working with them and protecting them at the same time. For example, one of the carers supported them to buy a wheelchair."
- We saw people's capacity had been explored and incorporated into their care and support plans and where people lacked capacity best interests decisions had taken place involving the person, those important to them, and professionals where required.
- The registered manager worked with people to record who they would like to be involved in making decisions should they lose capacity. This empowered people to make choices about their future and understand their rights.

## 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 has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were overwhelmingly treated with exceptional kindness and compassion by staff who genuinely cared about their wellbeing. One person told us, "The carers are all extremely kind and caring.". One relative told us, "[Relative's name] used to be hiding away and they wouldn't open the curtains in the daytime. Now they go out for a walk. It's a complete turnaround. The carers send me photos when they are out. [Staff] have given them a completely new lease of life. [My relative] didn't want to be here before, to see [relatives name] now is like having them back again." We saw this person's wellbeing had significantly improved and they had begun to set goals for their future. The person was working with staff to lose weight by going swimming and walking. This had had an outstandingly positive impact on both the person and their relative as they had gone from being very low in mood to looking forward to their future.
- People and their relatives gave consistently positive feedback about the staff and gave multiple examples of where they had gone above and beyond their expectations. For example, the provider genuinely wanted to improve people's wellbeing and support them to build relationships within their local community. They held regular open days at the office and encouraged people, their relatives and staff to attend and provided transport to support this. One relative told us, "The carers do an amazing job and go the extra mile. They sent pictures of [my relatives] at an open day. These kinds of things make all the difference as it is not just about the care." This had enabled people to build friendships with other people within a rural community who were receiving support and reduced their risk of social isolation.
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Their comments included, "They are amazing" and, "They are inspiring."
- Staff had a comprehensive knowledge and understanding of people which put people at total ease. One person said, "The carers are more like friends that can be trusted. It's more than just a job for them." One relative said, "Bluebird Care came into our lives and relieved us of our worries." Staff were given time with people to get to know their backgrounds as well as their care needs to enable them to meet the needs of the person as a whole and not just their care needs. This made people feel more comfortable and confident in their care.
- The provider was exceptional at working in partnership with people and their families to offer a truly holistic service which gave families respite from their caring role and nurtured people's relationships with those important to them. One relative told us, "I managed to get a weekend away. I couldn't do this without them. There would have been no chance. They came out and met [my relative] beforehand so they knew them before they provided care. They put my mind at ease. I can't express how good they've been." This nurtured approach to people's relationships ensured people continued to be able support their relatives at home by promoting and valuing the wellbeing of carers. This meant people and their relatives consistently

achieved positive outcomes through their care and support.

- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

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

- People were actively and consistently encouraged to be involved in making decisions about their care. For example, one person using the service worked with an epilepsy specialist nurse to train their staff team. This meant the person received care which was genuinely developed by them, for them. The director told us, "[Person's name] was really happy with their involvement. They picked their small care team and trained them in the specifics of their epilepsy. We are really passionate about [person's name] and her involvement in driving their care. They need to be put at the centre of their care to make sure we are getting it right." This had empowered the person to be in control of how they received their care and enabled them to have confidence in their care team who they had supported to know them incredibly well.
- We received consistently positive feedback about communication at the service. One person told us, "We are very, very pleased. They are very attentive and if there any issues they will contact us. The communication is really good, and they check things out with us if they aren't sure."

Respecting and promoting people's privacy, dignity and independence

- Without exception people told us they received an exceptionally high standard of personalised care that was receptive to their individual needs and championed their independence. One person told us, "They've (staff) introduced me to new things and encouraged me to give them a try." For example, a person wanted to improve their independence and reduce their social anxiety. Staff spent time with a person building their confidence in spending time outside their home, going swimming and joining clubs. Staff told us this had really improved the person's social anxiety and wellbeing. We also saw as a result of the support this person had received they were now able to walk without their crutches at times when in the community.
- The registered manager had also worked alongside a person with dementia, their relatives and professionals to support them to remain safe within their home and continue to remain part of their local community. We saw if the person was not at home staff knew to drive to the local shops to support them home with their shopping. This supported the person to remain safe but enable them to continue to do things for themselves they were able to do.
- Staff placed people at the heart of their care and supported them to continue to make choices around their care and independence in line with their preferences. For example, we saw staff had enabled a person to continue to smoke safely, in line with their wishes within their home following an accident with a cigarette. Staff spoke with the fire brigade who visited the person and provided them with a fire blanket and fire bin. Staff completed safety checks and reminded the person to use the fire bin during their visits. This improved the person's well being and respected their wishes.
- People were consistently treated with dignity by staff who were passionate about ensuring people received high quality care which respected their privacy. For example, staff were able to give examples of closing people's curtains and doors and covering people with towels during personal care.
- People's right to confidentiality was respected by staff who understood the importance of this.

# 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

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- People were at the heart of their care planning and provision. We saw care plans focused on people's life experiences and goals and empowered people to improve their confidence and wellbeing. This was supported by people and their relatives who gave exceptionally positive feedback about how the service had gone above and beyond to improve their confidence by spending time getting to know what was important to them and tailoring their care and support.
- People told us they were consistently supported by staff who knew them well.

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.

- The provider met the Accessible Information Standard and information was available to people in a variety of formats including pictorial and large print. For example, the registered manager told us, "[Person's name] has poor sight and we printed rotas in larger print but they still weren't big enough. So we blew up the rotas and put them on a board in their house as it was really important to them to know who was coming to visit." This helped the person feel safe and continue to have control over their care.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support and this was actively encouraged by the provider. The registered manager told us, "We all want to improve people's experience of care. We do that best if we ask people about the care they receive." We saw where people had requested changes these had been acted upon by the service immediately, such as ensuring an all female staff team for a person.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people.

End of life care and support

- The registered manager was aware of the importance of people being involved in planning their end of life care and worked alongside people and professionals to ensure people's needs were met in line with their preferences.

# 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

- We received consistently positive feedback about people's care and support. One relative told us, "We are so thrilled after our previous experience. I would recommend it without question as I've got my life back and my [relative] is getting super care."
- The provider was passionate about providing a high-quality service and worked alongside staff to better understand the needs of people they supported. The registered manager told us, "We are about driving excellence. It's not about numbers it's about the quality of the care we provide."
- The provider went above and beyond to ensure people and their families felt supported. One relative told us, "[The management team] help me understand the financial side of things and have worked with me to ensure we can keep the care. It's all sorted now and nothing is ever too much trouble. I can't praise them enough." Another person told us, "They support me and my family."
- Staff had genuinely positive attitudes about providing care which was person centred. They told us the support they received from managers enabled them to provide the best care they could. One staff member told us, "[The management team] are very approachable. If I was worried about something I would be able to bring it up with them. I am very close to them they are great."
- Staff meetings took place regularly and were used as an opportunity to share concerns and revisit current guidance.

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 in relation to the duty of candour. They told us, "We would make sure we are completely honest and open. We explain what has happened, what's gone wrong and what we are going to do to put it right."

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

- The registered manager regularly reviewed the quality of the service and had an 'open door' policy. We saw comprehensive quality checks were completed on care files and actions taken when people's care needs changed.
- The registered manager was clear about their responsibilities and was meeting their regulatory requirements.

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

- The provider engaged people in feedback about the service and people and their relatives felt their opinion mattered and they were listened to by staff and managers alike. For example, the provider sent quality surveys to people. We saw people gave overall very positive feedback and this was shared with people and staff.

Continuous learning and improving care

- The registered manager completed in-depth investigations when things went wrong to ensure risks to people were reduced. For example, following a medicines error an investigation was completed with the person, their family and staff and retraining was provided.

Working in partnership with others

- The service was committed to working collaboratively with other agencies to ensure people received the care they needed. One professional told us, "I have always had positive experiences with Blue Bird. They have been quite understanding with customers and have worked with them to ensure they continue to receive care and support."

- The provider worked with local groups and organisations to improve people's knowledge and experience of care. For example, they worked with hospital user groups and local dementia groups.