



Inspection Report on

Bluebird Care

**Gladstone House
Main Road
Chester
CH4 0NR**

Date Inspection Completed

16/03/2020

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Description of the service

When the Flag Drops Limited is registered to provide a domiciliary support service in North Wales regional partnership area trading as Bluebird Care. The Responsible Individual (RI) for the service is Simon Robinson. There is no registered with Social Care Wales (SCW) manager at the service.

Summary of our findings

This is the first inspection of the service since it was registered under The Regulation and Inspection of Social Care (Wales) Act 2016. People receiving care and support and their relatives are happy with the service provided. Individuals' care and support needs are understood by staff who are well trained and supported. Oversight by management is in place. Medication systems requires improvement, at this inspection we told the provider that they do not fully meet the regulations in respect of medication management. The views of people, relatives, staff and professionals are considered for the continued development and improvement of the service. Staff are well supported and developed.

1. Well-being

Our findings

People know and understand what care, support and opportunities are available to them as the service ensures they are involved in planning their care and support to achieve their well-being. People's voices are heard as they speak for themselves or have representatives to do it for them. They are listened to so they can contribute to the decisions that affect their life. People are happy with the service provided and feedback confirmed they feel staff treat them with dignity and respect. Staff are well supported by management and have a range of ongoing training and development opportunities. Feedback is gathered from people, representatives, professionals and staff regularly as part of quality monitoring.

People are healthy and active and are given information to be able to do things to keep themselves healthy and happy. People told us they had regular care staff that arrived on time and stayed for the required amount of time. Staff receive appropriate training and opportunities to ensure they have the skills, competence and knowledge to support people to achieve their outcomes.

The provider ensures people are safe and protected from abuse and neglect as they provide appropriate training for staff. People and their representatives are provided with the information they need to support and protect themselves from abuse and neglect. Staff were aware of their responsibilities to safeguard people. There are procedures in place to inform people, their representatives and staff about how to make concerns known to the provider. The processes for the management of medications requires improvement as it was not protecting people from risk of harm.

2. Care and Development

Our findings

People have personal plans in place that are co-produced with the individual and any representative when a decision is made that the service can meet an individual's care and support needs. Plans set out how their well-being and care and support needs will be met including individual preferences. One person told us they *"Get what they want, when they need it."* Another person told us that they *"Really appreciate the service."* A representative told us they were *"Happy with initial assessment as it was very in depth."* We found personal plans are not reviewed three monthly in line with regulations as they were being reviewed mostly six monthly, or following a change in needs. We found people and their representatives are involved in reviews and provided with copies, this was confirmed in our discussions with seven people. Staff told us *"Care plans in place are very detailed and daily records are very in-depth."* We found where individuals have complex and specialist needs the person undertaking the assessment has completed training relevant to those needs or seeks the advice and guidance of a relevant specialist. We saw people are provided with information about community activities in a newsletter.

The service provider ensures people's rights are upheld and they are given information about how to raise a concern. One person told us they *"Can call them about anything"* and issues are *"Resolved immediately"*, another person told us the provider does *"Everything to resolve issues quickly"* which was confirmed in discussions with the care supervisor. There are safeguarding policies and procedures which operate effectively and are easily accessible. Staff are provided with regular training relevant to their role, from discussions we confirmed they are aware of their individual responsibilities. Records of safeguarding referrals and outcomes are maintained to enable oversight of safeguarding within the service to be overseen by the responsible individual (RI).

The service provider has insufficient arrangements in place to ensure medicines are managed safely. There have been five missed medication incidents and one error reported to CIW in 2019. We found an inadequate system in place for the regular auditing of the storage and administration of medicines as this is not identifying errors. The policy and procedures in place are not in line with current guidance and best practice as they do not include topical medicine administration and transcribing. The service provider has not ensured medicines are managed in accordance with policy and procedures which state *'Staff must never in any circumstances...alter in any way the timing or dosage of medications without formal direction from prescriber or other health care professional.'* We found for one person directions were taken from a representative and the information relayed was incorrect. We found records completed by care staff was reasonable with codes being used appropriately and we found no gaps in signatures. We were provided with evidence staff are provided with training and checks to make sure they are competent before managing or administering medication.

3. Leadership and Management

Our findings

The service has a statement of purpose (SOP) in place that describes the service provided. We found the SOP requires updating due to changes in management. It has not been reviewed at least annually. The SOP includes all the required information. A copy of the SOP is available to individuals who use the service, staff and any representative who may request it.

The service has partial systems in place to assess, monitor and improve the quality and safety of the service. The RI falls short of the requirements, as they were not able to evidence they have suitable arrangements every three months to talk to people using the service, their representatives and staff. We were provided with evidence the quality manager has suitable arrangements in place to ensure all feedback from people using the service their representatives, staff and professionals is acknowledged, recorded and responded to as appropriate. The provider evidenced quality assurance processes are in place; weekly '*Risk management meetings*', which include action plans for development of the service, records indicated there, was improvements planned. The RI has suitable arrangements in place to ensure areas of learning from complaints, safeguarding and whistleblowing are shared with staff in regular meetings to improve the service. Areas of learning are analysed and the quality and safety of the service is improved. The provider is producing a quality of care report every six months as required using information collated through quality and audit systems.

People are supported by appropriate numbers of staff who have the knowledge, competence, skills and qualifications to provide the level of care and support required to enable people to achieve their personal outcomes. We saw from records there is a rigorous selection and vetting system in place. We saw references and employment history was mostly completed but for two staff, risk assessments to assess suitability are required where references are not available. We saw all care staff complete the relevant induction programme required by Social Care Wales alongside a service-specific induction programme. One to one supervision is provided quarterly along with annual appraisals. Staff are supported to undertake training, learning and development. The service promotes training and development a priority. Staff told us they felt supported, one member of staff told it was the "*Best company I have worked for, everyone is so supportive*"; another told us there are "*Always lots of opportunities and training is excellent.*" There is no manager who is registered with Social Care Wales appointed, interim management arrangements are in place.

There are consistently good systems in place for scheduled visits for each domiciliary care worker. Travel time and care time are identified and people told us calls were "*Always on time*" and care staff were "*Never late or rushed.*" Staff told us there was a system in place to

ensure travel time was adequate. The provider is required to ensure all care staff are offered a choice of continued employment in line with the requirements of regulations.

4. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The announced inspection took place on the following dates: 12 March 2020 between the hours of 08:30am and 14:30pm and 13 March 2020 between the hours of 9:00am and 14:30pm.

- We considered the information held by us about the service, including notifiable events received since the last inspection.
- Feedback from four relatives, twelve members of staff and four people using the service.
- Discussions with the RI, care supervisor and director.
- We completed a medication audit using a specifically designed tool.
- Examination of five people's personal plans, associated monitoring charts, medication records and daily records.
- Examination of five staff personnel files, staff supervision and appraisal dates and staff training statistics.
- Examination of the last three staff meeting records.
- Consideration of the statement of purpose.
- We viewed a sample of staff rota's considering allocated travel time in between calls.
- Consideration of incident and accident records.
- Consideration of the services internal auditing systems and reports.
- Consideration of a sample of the services policies and procedures.
- Feedback was given to the responsible individual, care supervisor and director.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	When the Flag Drops Ltd
Responsible Individual	Simon Robinson
Date of previous Care Inspectorate Wales inspection	This was the first inspection for this service following registration.
Dates of this Inspection visit(s)	12/03/2020 and 13/03/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

Date Published 03/08/2020