

Bluebird Care (Glasgow South) Support Service

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**Type of inspection:** Unannounced

**Completed on:** 23 February 2024

Service provided by: Care Glasgow Ltd t/a Bluebird Care Service provider number: SP2008009694

**Service no:** CS2008173228



### About the service

Bluebird Care (Glasgow South) is registered to provide a care at home service to adults and older people living in their own homes. The service operates in Glasgow and East Renfrewshire. The provider is Bluebird Care.

The service offers individually tailored support ranging from check-in visits to full live-in support. At the time of inspection, 49 people were using the service.

### About the inspection

This was an unannounced inspection which took place between 19 to 23 February 2024. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with eight people using the service and six of their friends and family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People using the service received high quality and consistent care and support.
- Staff were kind caring and compassionate.
- Staff recruitment, induction and training was thorough which resulted in a skilled workforce.
- · Leaders invested in staff wellbeing which promoted a positive culture.
- · Leaders were knowledgeable about aspects of the service which required improvement.
- Some aspects of care planning needed to improve to ensure high standards were maintained.
- Leaders should continue to develop staff support and supervision and recording of minutes.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| How well do we support people's wellbeing? | 5 - Very Good |
|--|---------------|
| How good is our leadership?                | 5 - Very Good |

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were supported by a reliable, skilled staff team that knew their needs and wishes. This resulted in people experiencing compassion, dignity, and respect. We saw positive outcomes throughout our visits including people being supported to maintain their independence. For example, staff promoted a daily walk for a person to strengthen their mobility. This meant staff recognised and responded to changes in people's wellbeing and continued to promote independence. The service also supported people effectively with their medication. We observed clear communication, appropriate support, and robust recordings. This assisted people being supported by the service to improve their health and wellbeing.

Feedback we received from the people we visited, and their families was positive. One person said, "My mother could not stay in her own home without this excellent service". This opinion was shared by everyone we spoke to. People told us they were treated well and supported with dignity and kindness.

People and relatives told us that having continuity in their staff team was important to them. We were pleased to see people had a consistent team of workers which allowed for positive relationships to be formed and a deeper understanding of people's needs and wishes.

The service had an electronic system for care planning, which ensured that staff knew people's needs and were kept up to date with changes to a person's care plan. This information was easily accessible on a portable digital device. People and family members also had access to digital care plans where they had direct communication with the service around loved ones' needs. This ensured ongoing communication and provided reassurance that care was reliable and effective.

People's care plans were reviewed regularly with the service and family members to ensure that information was up to date and reflected changes to individual's needs. This ensured that support was inclusive, and people had a say in their service. People's support was personalised and focused on what the individual needed and wanted at that time. This demonstrated the person-centred nature of the service.

We found that some care plans contained a great deal more information about people's life story and preferences whereas other care plans had basic information. We asked the service to ensure that all plans were completed to this very high standard. This promotes understanding and, in the event of an unknown member of staff having to provide care, workers would have the same information required to provide quality and consistent care to the person as their regular staff.

The service had self-identified some improvements to care planning. This included enhancing the personcentred information in the 'about me' section to demonstrate inclusivity. People had digital and paper-based care plans. Whilst the digital care plans were kept up to date well, some of the paper plans were not as frequently updated, which could cause confusion. We were pleased that the service had recognised this issue and had started to review and update all plans to maintain the high standards of care.

### How good is our leadership?

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

5 - Very Good

There were high levels of morale across the whole organisation and people described it as a feeling part of a family. People, relatives and staff told us they were confident giving feedback and raising any issues because they knew leaders acted quickly and used information to improve the service. Staff were encouraged to communicate in person with an open door policy and also through using digital platforms. These platforms promoted communication across the organisation and were used to celebrate achievements, share announcements, refresh knowledge and provide a strong focus on staff wellbeing.

The service had invested in staff wellbeing and had recently introduced a wellbeing application and recruited a dedicated wellbeing worker. This should further promote staff morale, support, and performance.

Staff were supported through regular team meetings, supervision, observations of practice and appraisals. This ensured that staff had ongoing support and guidance, training needs were identified, and high standards of care were delivered for people. We did note that some of the minutes from these meetings were brief and asked the manager to encourage more reflection. Reflection can further enhance staff understanding, evidence good practice, and improve outcomes for people. The management team recognised this need and had planned additional training for supervisors, which reflected the pro-active approach of the service.

People could be confident that staff were recruited safely in line with national guidance with appropriate checks, references, and professional registrations. Training provided by the service was thorough and promoted in person courses, e-learning, and self-development. The 12-week induction process was comprehensive with a mix of classroom learning and on the job training. This allowed staff to settle well into their role and understand people's needs. Frequent refresher courses allowed staff to continuously build on their knowledge and skills, and formal observations of practice ensured staff delivered high levels of care and support. The management team identified further improvements with a focus on introducing more specific dementia training and developing a new role, known as care experts. Care experts will complete enhanced training and help develop new members of staff. These initiatives should further improve staff knowledge and practice.

The service had a comprehensive improvement plan which highlighted how the service could further develop. The plan had clear tasks, timescales, and areas of responsibility which was good practice. However, the plan was management focused. People, relatives, and staff regularly had the opportunity to share feedback through meetings and surveys. We asked the service to include this information in the improvement plan, which would make it more inclusive and effective in further shaping the service.

The management team had established links with other social care organisations across a large geographical area. This helped share resources and good practice ideas. During our visit, we saw the service visiting a group of young carers from Barnardo's to give them an insight into social care as a career. We encouraged the service to further expand their community links and evidence how this benefits people who use the service. We were pleased to hear about plans to reintroduce coffee mornings involving both staff and people. This will help strengthen community participation, inclusion, and combat isolation.

# Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

# Detailed evaluations

| How well do we support people's wellbeing?                             | 5 - Very Good |
|--|---------------|
| 1.1 People experience compassion, dignity and respect                  | 5 - Very Good |
| 1.2 People get the most out of life                                    | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |

| How good is our leadership?                       | 5 - Very Good |
|---|---------------|
| 2.2 Quality assurance and improvement is led well | 5 - Very Good |

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