

Bluebird Care Inverclyde & Renfrewshire Support Service

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Type of inspection:
Unannounced

Completed on:
12 August 2024

Service provided by:
Bhart Ltd

Service provider number:
SP2022000040

Service no:
CS2022000060

About the service

Bluebird Care Inverclyde & Renfrewshire is a care at home service for older people and a maximum of eight people between the ages of 40 and 65. The provider is Bhart Ltd.

The service is provided by one staff team located in Paisley, Renfrewshire.

At the time of inspection, the service was supporting 35 people at home and in the community. The registered manager was supported by two co-ordinators and a team of carers.

About the inspection

This was an unannounced inspection which took place on 7, 8, and 9 August 2024 between the hours of 09:00 and 18:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and five of their family members
- reviewed 18 Care Inspectorate survey responses from family members and staff
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People's health and nutritional needs were identified in their personal plans which helped ensure good care.
- The new manager had focused on identifying areas for improvement in the service and improving key processes including staff induction.
- The service had experienced high staff turnover which affected continuity of care.
- Staff were flexible, positive about their work and demonstrated compassionate care.
- The service reviewed the quality of people's care frequently, but should ensure reviews lead to meaningful changes to personal plans that reflect people's views.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

The service had effective processes in place to identify and support people with changing health needs and nutrition. Staff undertook a range of training to support them to understand their role in promoting access to healthcare. Families told us they were confident health issues would be identified and passed on to them. We saw examples of staff reporting health changes appropriately during the inspection. People were involved in developing their personal plans, but some personal plans lacked detail about specific health conditions. The service was in the process of identifying more condition-specific training to support staff to develop their skills and knowledge of complex health conditions.

We saw some examples of involvement from external professionals. We asked the service to consider how professional input could be more clearly recorded in personal plans. This was to ensure professional guidance and advice was used effectively to support good quality care and support.

The service used an electronic medication recording system (e-mar) which was being used effectively. We reviewed medication records which were up to date and accurate. The manager of the service has started regular medication audits to support quality assurance. The service was not providing any 'covert' or 'as required' medication at the time of inspection but had appropriate policies and procedures in place for this.

Where people were supported with meals, their preferences were recorded in their personal plans. We saw meals being provided in a relaxed and unhurried way and people told us they were satisfied with the support. We discussed offering basic cooking skills training to ensure less experienced staff were able to understand and meet people's nutritional preferences.

How good is our leadership?

4 - Good

We identified a number of strengths in leadership which had a positive impact on people's experiences and outcomes. Improvements were required to maximise wellbeing and ensure consistency. We evaluated this key question as good.

The provider had quality assurance systems which could be used and adapted to meet the needs of the service. A new manager was in post who was developing quality assurance processes for the service. New systems were in place covering oversight of medication, staff supervision and appraisal, staff competency, training and onboarding of staff. These were helping to ensure key areas of risk for the service were being managed. Recruitment and induction processes were well managed, aligning with safer recruitment guidance (Better Recruitment through Safer Recruitment, SSSC, 2023). Induction records included initial staff training and competency assessments. These demonstrated staff were not working with people until basic core training was completed and they were assessed as competent.

Some audits still had not been completed; including oversight of personal plans, quality of reviews, and quality of daily notes. The manager had identified these as a priority for the next stage of developing the quality assurance system. A system was in place for recording and analysing accidents and incidents, we asked the manager of the service to ensure all incidents were analysed to ensure learning could be

identified and shared with the staff team. One incident had not been notified to the Care Inspectorate in line with requirements for regulated services. Accidents, incidents and allegations of abuse or misconduct should be notified to appropriate external bodies to provide assurance that there is sufficient oversight and management of issues which could pose a risk to the wellbeing of people. (See area for improvement 1).

People told us that leaders were responsive to feedback and that they felt confident about raising concerns as these would be dealt with effectively. One family member told us 'the new manager is an asset and communicates with us regularly'. This helped to assure us that the service was learning from complaints and concerns. Systems for recording complaints still needed to be improved to ensure learning was shared appropriately. (See area for improvement 2).

A Service Improvement Plan (SIP) was in place which had been used by the manager to identify initial priorities for improvement. The SIP provided evidence of improvements which had already been initiated and areas where work was ongoing. This assured us leaders were focused on improving the service. We gave some advice about using SMART (Specific, Measurable, Achievable, Realistic, and Time-based) goals to ensure improvements could be tracked and shared with people using the service and the staff team. The service had recently undertaken a staff survey and feedback from staff had contributed to the SIP. We asked the service to ensure customer feedback was gathered, analysed and used to drive improvement. (See area for improvement 3).

Areas for improvement

1. To keep people safe the service should ensure that there is a clear process for making notifications to the Care Inspectorate. All notifications should be made timeously in line with the guidance document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. To ensure continued learning from complaints and concerns, the service should ensure that complaints are managed effectively in line with organisational policy. Learning from complaints and concerns should be shared with the staff team where appropriate and should contribute to the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

3. To ensure the views of people contribute to service improvement, the service should develop a process for seeking feedback from people and using this to contribute to the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While there were some strengths which had a positive impact on people, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas of performance needed to improve.

The service had experienced consistent difficulties with retention of staff over the past year. This had impacted on scheduling which didn't always reflect people's assessed needs and the skills of staff. This meant people could not be assured they would receive care from a consistent and stable staff team.

The new manager was closely involved in recruitment and had put systems in place to support staff wellbeing. This included new assessment processes, more frequent team meetings, reinstating regular staff supervision, reinstating staff competency checks, and initiating a new regular working pattern for staff. This contributed to more effective processes for assessing staffing requirements, skills and deployment. These measures had been implemented recently and will require time to bed-in to allow leaders to evaluate their effectiveness in improving consistency for people.

People told us that, despite recent changes in staff, their visits always took place and were generally on time. People told us staff were knowledgeable about their needs and preferences and treated them with kindness and compassion. This helped assure us that the service was delivering care in line with people's agreed schedule, despite experiencing increased staff turnover. We observed staff using personal plans effectively during visits and staff were able to tell us about the needs and preferences of the people they were supporting.

Staff were flexible about their shifts and were very positive about the service. Most of the staff we spoke to were relatively new to the service, but told us they felt included and that the manager and co-ordinators communicated well. Staff told us they had experienced an effective induction and had undertaken training to help them feel confident in their role. Staff felt confident to contact the office to share changes in people's needs and felt that their views were taken seriously and acted on. The manager of the service told us that developing a culture of team working and mutual support was a priority for the service.

People should expect to be supported by staff who are well trained and have opportunities to develop their skills and practice. Staff undertook a mixture of face to face and eLearning as part of their induction and were required to undertake regular refresher training. The service tracked training to ensure all staff were compliant and up to date. We discussed how some areas of practice could be enhanced with short face to face group sessions, particularly for staff who were new to working in a care role. This would enable staff to discuss their learning and share their ideas about good quality care to contribute to the development of the team.

While the service had implemented a number of improvements to support effective staffing arrangements, we asked the manager to review and take account of the principles of the Health and Care Staffing (Scotland) Act 2019 to support development in this area. (See area for improvement 1).

Areas for improvement

1. To ensure high quality care and support for people, the service should ensure staffing arrangements and decisions align with the principles of the Health and Care Staffing (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How well is our care and support planned?

3 - Adequate

We identified some strengths in personal planning which had a positive impact on people. The likelihood of achieving consistent positive experiences and outcomes for people was reduced because key areas of performance needed to improve. We have therefore evaluated this key question as adequate.

Personal plans contained a range of useful information which generally enabled staff to deliver good care. The quality and detail contained in personal plans varied. The service was in the process of implementing new quality assurance processes to improve consistency (see Key Question 2). Staff supervision and competency checks had restarted after a period of high staff turnover. This meant that some processes for evaluating the quality of personal plans were in place and staff were being supported to develop their skills and practice.

People should expect to have regular reviews of their care and support and be able to share their views. This should include family members or professionals involved in people's care where appropriate. The service was completing regular six-monthly reviews, but it was not always clear how changes identified at reviews were being used to update personal plans. We asked the provider to ensure the staff members responsible for completing reviews use the feedback they receive to develop personal plans that reflect people's needs and outcomes. The service should ensure people can read updated personal plans and confirm they are satisfied with them.

Risk assessments were in place for those who needed them. The content and quality of risk assessments varied, but were used to enable people to meet their goals and deliver care safely. We asked the manager to continue to evaluate risk assessments to ensure they were sufficiently detailed, meaningful and easily accessible to ensure they meet their purpose of supporting safe and effective care.

The service recorded legal authority appropriately, including obtaining copies of Power of Attorney or Guardianship documents where necessary. The service clearly recorded whether people had been assessed as having capacity for decision making. People's preferences for communication were clear in their personal plans along with who was involved in supporting their decision making. This meant that people's rights were upheld where they were subject to legal restrictions. We asked the service to ensure people were informed about their right to advocacy where appropriate.

People should be supported to make their views known about their preferences for their future care needs. Future care planning was not apparent in the personal plans we sampled. We asked the manager to ensure this was discussed with people and clearly recorded in their personal plans. This was to ensure people's preferences were known and recorded should their needs change in the future.

The service was supporting one person to manage their day to day finances. The provider had a clear policy and procedure in place, but this had not been well implemented. This meant we could not be assured that people's finances were adequately protected. The manager took action to address this during the inspection. (See area for improvement 1).

Areas for improvement

1. To ensure people are protected from financial harm, the service should ensure sufficient safeguards are in place when supporting people with their finances. This should include, but not be limited to, ensuring arrangements for financial support are clearly recorded in personal plans, robust risk assessments are in place, and arrangements for auditing and oversight are clearly documented and implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support staff development and promote the wellbeing of people, the service should:

- a) ensure staff have access to regular supervision undertaken by their direct line manager. This should be planned and documented in line with organisational policy;
- b) ensure staff competency checks are scheduled and completed regularly. These should be recorded in line with organisational policy and identify training or development needs; and
- c) maintain an overview of training needs and schedule regular refresher training. All completed training should be recorded in line with organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 11 July 2023.

Action taken since then

Staff files were well organised and contained all relevant post-induction competency checks and training records.

A system had been implemented to ensure all initial competency checks were completed at each staff member's first shift following shadow-shifts.

Competency checks were then scheduled in advanced and tacked on the staff training tracker.

Staff training including e-learning, mandatory training and annual refresher training was tracked on the staff training tracker which was overseen by the manager of the service. Staff were informed when refresher training was due and given time to complete the training.

Staff supervision had been reinstated and was scheduled in advance.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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