

Bluebird Care (East and Midlothian) Housing Support Service

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Telephone: 01316606610

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Service provided by:

J & K Lambert Ltd Trading as Bluebird
Care East & Mid Lothian

Service provider number:

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About the service

Bluebird Care (East & Midlothian) provides housing support and care at home to adults living in their own homes across East Lothian and Midlothian. The service provides a range of support including personal care, housekeeping and support with social activities. They aim to support people to stay safe and comfortable in their own home and an individualised service that provides people with 'the care and support that you want, where and when you want it'.

There were 47 people using the service at the time of this inspection.

About the inspection

This was a short notice announced inspection that took place between 26 September and 10 October 2024. One inspector 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 11 people using the service and seven of their friends and family
- Received 20 completed questionnaires
- Spoke with staff and management
- Observed staff practice
- Reviewed documents

Key messages

- People were supported by knowledgeable and caring staff in a way that helped them to continue being as independent as possible
- The completion of medication administration records needed to improve to evidence that people had taken their medication in line with the prescriber's instructions
- Risk assessments needed to include more personalised information and evidence all aspects that were considered during the assessment
- There was a supportive culture within the staff team. Training and development were encouraged through regular supervision and observed practice
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

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 staff team?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People using the service spoke positively about staff. They valued the care and support they received and felt it met their needs. People had formed good relationships with the staff that supported them. Some people commented that they were not always advised of staff changes or if staff were running late. One person told us that "sometimes the carers run late - occasionally get phoned to say carers running late". Whilst some did not feel this was important to them, others felt this could be improved upon.

Staff were knowledgeable about the support people needed and discussed this in a respectful manner. We observed staff to be caring and considerate when delivering care. Staff supported people to make choices for their care on a day-to-day basis and to continue being as independent as possible where they were able. This was demonstrated in a meeting where staff discussed how they could adapt their approach to support a person experiencing care with positive risk taking in order for them to continue to enjoy an activity. This was also evident in the way people's support needs were described in their personal plans.

A number of people told us they were supported by a small group of staff who they had formed good relationships with. This meant that when a change in staff was needed, for example, to cover for holidays, they usually received a visit from someone they knew. One person commented "I always get someone I know, they are familiar with my routine", a view which was expressed by others.

A service newsletter and afternoon tea social occasion had been introduced. This helped people make connections with others, feel included and have opportunities to share experiences. Staff described good communication with other staff members and the management team. This helped ensure that people's changing needs were identified and their support was adjusted accordingly.

People being supported by the service, and their relatives, had been involved in developing their personal plans. This provided opportunities for them to express their preferences for their care and what was important to them. We saw this reflected in the personal plans we reviewed which outlined how to support people in making their own decisions. People were involved in regular reviews of their care which helped ensure plans were up-to-date. This was confirmed by people we spoke with and one person commented "I'm in control of my care.....very involved in devising my plan and its reviewed about every 6 weeks".

Key areas of people's care needs were assessed and planned for. There was detailed guidance on the support people needed at each visit time and what activities/tasks should be undertaken. This helped staff who were unfamiliar with a person's needs, support them in their preferred way.

Some risk assessments contained generic information rather than being individualised for each person. Whilst assessment documents recorded risks and actions to take to minimise these, it was unclear what else had been assessed or considered during that process. The manager agreed this will be developed.

Medication assessments were completed and included key information, such as the dose and arrangements for ordering and delivery. These should be developed further to include the level of support people needed to take their medication and the application site of topical creams and ointments. Medication prescribed on a

'when required' basis should have supporting guidance to help staff administer medication as intended. This could include information such as when the medication is needed, and the maximum dose in a given period.

The completion of medication administration records (MAR) needed to improve in order to evidence that medication was taken in line with the prescriber's instructions (see area for improvement 1).

Areas for improvement

1. To ensure that people are supported to take their medication in line with the prescriber's instructions, the provider should ensure that medication administration records are accurately completed. This should include but not be limited to;

- a) where medication is not taken as prescribed, clear information is recorded to indicate the reason for this
- b) when medication is prescribed at a variable dose, the dose given is clearly recorded
- c) for medication prescribed on a 'when required' basis, guidance protocols are in place to support staff to determine if/when a medication is needed, any actions to be considered or taken first, along with information such as the maximum dose in a given time period and length of time between doses

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24) and '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).

How good is our staff team?

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.

Essential pre-employment checks were completed for all staff prior to starting work for the service. This helped ensure the suitability of a person for the role they were employed to do and that they were safe to practice.

In the first three months of working for the service, staff completed a probationary, appraisal and review period. During this time staff undertook initial training and went on shadow visits where they observed existing members of staff. Staff were supported to devise a personal development plan and set objectives for their practice and learning. These objectives were in line with the company's commitments, which included being respectful, maintaining high standards of care, having people at the heart of what they do and participating in continuous improvement. In order to fully evidence that staff have complete all aspects of this process, documents should be consistently completed to the same standard.

A programme of training was in place and well completed by staff. Staff had started to complete further training on dementia through the Promoting Excellence framework. Staff spoke positively about the training they had completed and welcomed opportunities for further development.

Staff practice and development was supported through a system of regular individual supervision by face-to-face meetings and telephone contact. Staff told us they found this helpful and could discuss practice issues and training/development. Observations of staff practice were completed which helped ensure that staff were able to put their learning into practice. Staff were supported to complete further training where learning or development needs had been identified.

Staff meetings had been re-started since the last inspection. Staff felt these were helpful and were able to contribute to these. One meeting had been organised in response to feedback from staff about the changing needs of a person they cared for and how best to support them. A specialist worker from another organisation attended and provided specific guidance for staff and an opportunity for staff to discuss specific situations. This had been welcomed by staff who found this to be supportive and informative. Regular meetings will provide on-going opportunities for staff to have discussions about their work and how best to improve outcomes for people.

Staff told us they felt well supported by the management team. They were able to approach them with any queries, concerns or guidance and were confident that these would be responded to. Staff told us that morale was good and appears to have improved since the last inspection.

The management team met on a regular basis to review visit times/schedules, progress of new staff and feedback from people they supported. This helped inform the allocation of staff in a way to meet people's preferences for, and continuity of, staff. Good practice was acknowledged and valued by the management team, by sending staff cards with compliments and feedback received from people being supported. One person being supported spoke positively about the management staff and told us that "communication is excellentoffice staff are very responsive".

The director and management team at Bluebird Care (East & Midlothian) promoted people to stay in control of their own care and remain at home for as long as possible. One person being supported by the service commented " I liked their ethos, all the staff are good". Staff talked positively about their work and were committed to providing the best care they could to the people they supported. We observed that people were supported in a respectful manner and were encouraged to remain as independent as possible and make their own day-to-day decisions where able. One person described the support their relative as "it works well, it's a lifeline, a god send".

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 ensure people are kept safe and limit the spread of infectious diseases, (including but not limited to Covid-19) the care provider should ensure that staff are trained to have the knowledge and application of guidance from the Infection Prevention and Control Manual.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 2 March 2023.

Action taken since then

- training is completed by staff during their induction period and the staff training overview showed that all staff had completed infection control training. Minutes of team meetings showed that infection control

guidance was reviewed with staff

- staff advised they had plentiful supplies of PPE and were observed using this in line with the provider's policies and procedures. Staff were aware of anyone who still wished them to wear facemasks
- we recommended the provider continues to review their infection prevention and control policies and procedures to ensure this aligns with current guidance and have recommended they review the winter preparedness campaign (National Infection Prevention & Control Manual)
- since this area for improvement was made the government guidance on Covid-19 has changed.

This area for improvement is met.

Previous area for improvement 2

To ensure people are kept safe and limit the spread of infectious diseases (including but not limited to Covid-19) the care provider should work closely with people to develop person centred care plans and risk assessments which reflect the Scottish Government and Health Improvement Scotland guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 2 March 2023.

Action taken since then

- the manager advised training had been provided on risk assessments and feels that their care planning and risk assessments are more robust than at last inspection
- reference to infection control guidance and practice was included in various sections throughout personal plans, such as for food preparation and hygiene (nutrition & hydration plan), relating to cleaning (housekeeping plan) and in an infection control risk assessment
- the provider should continue to review sections of personal plans to ensure these, along with training/guidance for staff continue to be in line with current guidance and good practice, such as the winter preparedness campaign (National Infection Prevention & Control Manual)
- since this area for improvement was made the government guidance on Covid-19 has changed.

This area for improvement is met.

Previous area for improvement 3

To ensure that people are supported in a consistent way and do not feel rushed, the provider should improve on current scheduling practices. This should include, but not be limited to, ensuring that:

- Staff rotas are realistic and include planned time for travel and breaks; and
- Continuity of staff is monitored and action is taken in a planned way.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 2 March 2023.

Action taken since then

- the manager advised that staff now have travel time. Feedback from staff was variable. Some felt they had enough travel time between visits whilst others did not. This appeared to be partly attributable to the location of visits and how many staff worked in particular areas, for example, there were not enough staff living in one area to cover all the visits, so some staff had to travel further to/from visits in other areas. The

- manager advised that they were actively recruiting staff and hoped this will alleviate travel times for some
- People using the service did not feel rushed by staff or that staff were short of time
 - Staff have been reminded to stay for the allocated time and spot checks were completed to monitor if staff were staying for the full allocated time
 - The manager advised that people have good continuity of staff visiting them as the team is small.
 - The feedback we received from people using the service was largely positive in terms of continuity of the carers they had
 - There was sufficient progress to meet his area for improvement.

This area for improvement is met.

Previous area for improvement 4

To safeguard people who use the service and meet legal requirements the provider should not employ any person in the provision of a care service unless that person is fit to be employed. Policy and practice must take account of the Adult Support and Protection (Scotland) Act (2007).

This area for improvement was made on 2 March 2023.

Action taken since then

- We reviewed a sample of staff files which showed that essential pre-employment checks were completed for all staff prior to starting work for the service.
- a recruitment checklist was completed which helped the management staff to track progress of recruitment documentation
- interview questions were recorded along with the interviewee responses. Some questions were based around the Health and Social Care Standards
- These measures helped ensure the suitability of a person for the role they were employed to do and that they were safe to practice.

This area for improvement is met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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