

Bluebird Care (South Lanarkshire) Support Service

The Building Design Centre
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Type of inspection:
Unannounced

Completed on:
18 March 2025

Service provided by:
BJMCA Ltd t/as Bluebird Care

Service provider number:
SP2012011790

Service no:
CS2012306827

About the service

Bluebird Care (South Lanarkshire) is provided by BJMCA Ltd Bluebird Care (South Lanarkshire) and is part of the Bluebird Care franchise group of companies.

Bluebird Care (South Lanarkshire) is registered to provide care and support to older people and adults with physical and/or sensory needs in their own homes and the wider community.

At the time of the inspection the service was supporting approximately 100 people living within Lanarkshire.

The service guide states that "the service aim is to ensure that all our customers maintain their independence and dignity, by being able to remain in their own homes safely and holistically".

About the inspection

This was an unannounced inspection which took place on 10, 11, and 12 March 2025 between 10:00 and 17:00. Feedback was provided on 18 March 2025. 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 and complaints information, information submitted by the service, and intelligence gathered since the last inspection year.

In making our evaluations of the service we:

- spoke with nine people using the service and one family member
- received 43 completed questionnaires (this includes all types)
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported with the right kind of individualised help and support to help meet their outcomes.
- Staff knew people well and treated them with kindness and respect.
- Management were highly motivated and adopted effective ways to support continuous improvement in the service.
- Seven areas for improvement relating to personal plans, accident/incident recording, audits, contingency planning, staff training, and involvement were met.
- At this inspection we made one area for improvement relating to informing the Care Inspectorate of notifiable events.

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?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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 had benefitted from responsive care, support, and treatment where there were changes to their health and needs. Staff were confident in describing actions they would take if people had any health and wellbeing concerns. Where required, health issues had been shared promptly with the right professionals to get the right treatment. Staff had followed advice and instructions from professionals, which had helped prevent further deterioration in people's health. One person told us how staff "were very quick to support an emergency".

Risk assessments helped keep people safe from harm and were used to inform personal plans and guide staff how to meet people's needs. These were updated regularly to make sure information about people was up-to-date and accurate.

Staff followed safe practices for medication management. Where applicable, support visits to people were planned to make sure enough time had passed between medication doses. Medication administration records showed people received their medication in line with the prescriber instructions. People were supported with their medication needs in a way that was person-centred and promoted choice and independence. This meant that people received the right medication at the right time to maintain or improve their health.

People felt respected, listened to, and involved with decision-making through the support they received by staff. This had helped positively support people's physical and mental health. We saw specific examples where people's routines and preferences were respected and choices offered to people. Some people described staff going "over and above" for them and one person said "I am fully engaged with them in deciding what I need help with and how tasks are completed".

People were aware of their personal plan and some told us how they had been involved in agreeing the information within it. Others told us that they had never read it and it was just for staff to write notes in.

There was some good evidence of communication systems that had been developed in people's houses between family and staff. This helped make sure any important information was communicated in good time.

Staff were observed supporting people in a warm, caring, and dignified way and in keeping with their personal plans. Staff we spoke with appeared knowledgeable about people's care and health needs and how to support them.

Training was ongoing which helped make sure staff had the right skills needed to support and direct people. We observed staff applying training they had learned. For example, infection prevention and control (IPC) and manual handling. This had helped make sure people were kept safe from the risk of harm and injury.

Staff could describe how they would respond to any concerns of an adult support nature. We passed on one potential concern for the manager to consider and suggested staff be reminded to relay any relevant

information for management to assess. We signposted management to the 'You Are Our Eyes and Ears' pocket guide resource to support staff in identifying any concerns with people they supported.

How good is our leadership?

4 - Good

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

The service had developed and established a management team which had led to the smooth running of service operations. Systems were used to help support the management team in monitoring and analysing key information about the service and the staff. This had helped develop the service and had been effective in supporting improvement.

People should benefit from high quality care and support because people have the necessary information. Regular meetings with office and senior staff made sure that there was good communication. The meetings helped review and improve the service delivery which helped improve outcomes for people.

The service development plan showed the commitment the service had to planning and improving the service in the future. In doing so, they used feedback from a variety of sources, such as audits, surveys, analysis, complaints, and meetings. The service could further improve their governance and service development processes by developing a self evaluation. We signposted them to the Care Inspectorate Hub for support in this.

People should be confident that the service is well led and managed. People spoke positively about the management and said they could always speak with someone when they called the office. Staff described the management team as approachable and supportive, with support available when they required it. One staff member said, "I really appreciate the support and quick response from the office people in whatever help or advice I need".

Two visiting professionals also provided us with feedback about the management and leadership of the service. They told us, "The management team send information requested in a timely fashion" and "My communication with leadership has always been very effective and professional".

We found some incidents that had not been notified to the Care Inspectorate. We acknowledged, however, that these had been acted on appropriately and referred to other relevant agencies (see area for improvement 1).

Areas for improvement

1. To ensure the Care Inspectorate has a clear, up-to-date record of incidents in the service, the provider should ensure relevant notifications are submitted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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.

People benefited from an established and motivated staff team. Staff were well led by leaders who supported the team to deliver high quality support.

Management were knowledgeable about the Health and Care (Staffing) (Scotland) Act 2019 and had made sure there was enough staff to support people. People's care needs were regularly assessed to determine any changes to the support they required. The service had an effective contingency plan in place to source additional help where there were staff shortages or staff had been delayed while supporting people. This meant people received the care and support planned at the right time. Overall, we were satisfied that the staffing arrangements met the needs of people.

Management made sure staff wellbeing was a key area to help make sure there was a focus on the personal health and welfare of staff.

People told us staff were always professional and confident in completing tasks and treated them well. People described staff as "all really good", however views were mixed on the continuity of staff. Some people described receiving "the same faces coming in" while others commented, "We have had quite a lot of changes in carers as they are moved to different runs, but once we get into a routine with the new ones, things are fine". Most people acknowledged that there was always at least one member of staff that knew them well. We acknowledged the challenges of the service in ensuring staff continuity with people and the efforts they made to achieve this.

Recruitment files we sampled showed that safe recruitment practices had been followed. This meant that people could be confident they were supported by staff who had been appropriately checked and assessed. Staff were supported to develop professionally through regular supervision and appraisals. Training was ongoing which helped make sure staff had the right skills needed to support and direct people.

Staff received a range of training to make sure they had the right knowledge to meet people's needs and keep them safe. Spot checks of staff practice helped make sure staff were putting the training into practice.

Regular supervision sessions helped staff to reflect on their practice and identify any additional learning and development needs.

How well is our care and support planned?

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's support needs were assessed by trained staff using formal assessment tools when they started using the service. This information helped inform staff as to the best methods to help support people and improve.

Personal plans for people contained accurate information and clearly set out how people's needs would be met. Assessments and plans had been updated regularly and where there had been changes to their needs. This ensured the support that was delivered was responsive to people's needs.

Personal plans were person-centred and included aims for people to achieve in order to help maintain, improve, and promote their independence. The plans had clearly focussed on people's abilities and what people could do for themselves. People told us that they had been involved in decision-making about their support which gave them a feeling of inclusion and being heard.

We received mixed responses from people about being involved in their six-monthly care reviews, despite records showing reviews had been completed with them. We suggested further work around making sure people understood when they were taking part in care review meetings and their right to view their personal plans.

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

The provider should ensure that people experiencing care have a support plan in place, which sets out how their needs will be met and which provides information to staff on how to support them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices, and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 2 August 2019.

Action taken since then

Each person had their own personal plan and people were aware of these. Some people had chosen not to read the contents but were aware of the location and right to access it. A QR code was available for people and/or their family to access the online version.

From a sample of 10 personal plans, we found them to be person-centred and outcome-focussed with sufficient information to instruct staff on how to support the person.

There was a focus on identifying what people could do for themselves rather than the assistance they would require.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure the safety and wellbeing of people, the provider should ensure that all records of accidents and incidents are clear, detailed, and informative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in the organisation providing my care and support' (HSCS 4); and 'I experience high quality support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 2 August 2019.

Action taken since then

There was an effective system in place to monitor any accidents and incidents. From a sample of examples we reviewed, we found there to be a good level of information recorded with accident/incident records.

This area for improvement has been met.

Previous area for improvement 3

The service should develop a comprehensive system of audits to have a clear management overview of the service, to help identify any issues which require remedial action.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in the organisation providing my care and support' (HSCS 4); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 2 August 2019.

Action taken since then

There was a good level of quality assurance (QA) systems and audits being used within the service. The management team discussed outcomes at regular meetings and how to make improvements. Where required, information from QA system helped inform the development plan.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people are safe when they are supported by the service, the provider should ensure that contingency measures are in place when faced with an unexpected adverse event. This should include, but is not limited to, ensuring that additional staff resources are available when additional help is needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 4 June 2024.

Action taken since then

This area for improvement was made as a result of an upheld complaint on 4 June 2024.

The service had contingency plans in place for staff shortages to make sure there was flexibility in staffing arrangements to ensure people's needs were met.

This area for improvement has been met.

Previous area for improvement 5

To ensure people receive responsive care and support, the provider should ensure that all staff receive relevant training to enable them to effectively fulfil their role when supporting people who have dementia. This should include, but is not limited to, providing staff with dementia awareness and managing stress and distress training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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 4 June 2024.

Action taken since then

This area for improvement was made as a result of an upheld complaint on 4 June 2024.

The training plan had been developed to include relevant training to help staff support people with dementia effectively. This included dementia awareness and stress and distress training.

This area for improvement has been met.

Previous area for improvement 6

The provider should ensure that effective care planning is paramount. To support this the manager should ensure care plans and person-centred risk assessments contain accurate, up-to-date, detailed information about the support a person requires. In addition, the provider should ensure all staff receive training specific to the needs of individuals experiencing care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 29 August 2023.

Action taken since then

This area for improvement was made as a result of an upheld complaint on 29 August 2023.

Please see information recorded under area for improvement 1 in 'How good is our leadership?' regarding personal plans.

In addition to this, we were satisfied that staff had received a sufficient amount of training to safely support people.

This area for improvement has been met.

Previous area for improvement 7

The service should ensure that service users or their legal representatives are consulted or involved through a care plan review meeting before changing their care plans. This is to allow decisions and an agreement to be jointly reached on how best to care and support service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 7 July 2021.

Action taken since then

This area for improvement was made as a result of an upheld complaint on 7 July 2021.

We saw evidence where relevant people had been involved in changes to personal plans. People confirmed this happened and care review records demonstrated that designated individuals had been involved.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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