



# Inspection Report on

**Bluebird Care Cardiff North**

**Bluebird Care  
2a Old Church Road  
Cardiff  
CF14 1AE**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

02/10/2023

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## About Bluebird Care Cardiff North

Type of care provided	Domiciliary Support Service
Registered Provider	Langham Health Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">6<sup>th</sup> October 2021</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and their relatives told us they are happy with the care and support they receive. Personal plans are in place but these could be improved to provide more detailed information and be regularly reviewed to ensure they are reflective of the persons current needs. Care staff told us they enjoy working at the service and know the people they support well. Care staff receive good levels of training and support from managers. The manager has good oversight of the service to ensure it runs smoothly day to day. Better oversight of quality assurance systems is required. Documents should be reviewed and analysed in order to identify patterns and trends which would help identify areas of improvement and reduce reoccurrence of any risk. The Responsible Individual (RI) has some systems in place but these are not being completed in line with regulation.

### Well-being

People have the opportunity to share feedback through surveys and people and their relatives feel confident raising concerns with staff and with the management. People are kept up to date on who is providing their care through pre planned rotas. People also receive regular newsletters. People can access information in English and in Welsh. People told us they can make changes to their care in accordance with their specific needs. We found systems could be improved to ensure that regular reviews of care are completed and the persons involvement is evident. People told us they like and get along with the care staff and that they understand their needs well.

People are supported to do the things they want to do that enhance their emotional well-being. People are supported with daily tasks but also with social and physical activities such as going bowling and swimming. We saw good systems in place to ensure people receive the right care at the right time and the manager has good oversight of this on a day to day basis. People told us they are happy with the support they receive.

People told us they feel safe and comfortable with their carers. We saw the manager appropriately reports to safeguarding when required. Care staff are appropriately recruited and receive regular training to ensure they know how to identify and report concerns. Care staff regularly report accident, incidents and near misses. Systems could be improved to ensure there is good oversight and analysis of important events to enable improvements. Regularly sharing information regarding the complaints process and who to contact if someone has a concern would ensure people have accessible and important information if they need it.

Personal plans are in place and include important information about the person. One relative told us the assessment process is robust and includes a good risk assessment prior to care being delivered. Independence is promoted and we saw plans reflect what things people can do themselves and how best to support them. Care staff understand the needs of the people they support well and can pick up on personal cues such as facial expressions. However, plans in place could be strengthened by including this personalised information. People can access their care information through an online system and hold a paper copy in their homes. People and relatives told us they can make changes to these documents if they choose. Care staff told us they are quick to identify where changes are needed and office staff action this appropriately. Personal plans have not been reviewed in line with regulation. While no immediate action is required, this remains an area for improvement and we expect the provider to take action.

Daily records provide accurate and up to date information on what care and support has been provided. Managers have oversight of this to ensure that the service is running smoothly. We saw good oversight of medication and Medication and Administration Records (MAR) are completed in full. Some plans include important information regarding medication to enable staff to ensure they administer the correct medication at the right time and in the right way. Professionals are involved when required such as occupational therapists and district nurses. Accidents, incidents and near misses are recorded by care staff. People and their relatives told us there are good levels of communication and care staff are responsive to concerns. One relative told us "*Many staff go above and beyond*".

People are supported to access the community. Staff told us they support people to do things they enjoy like go bowling, for food, swimming, to church and to the cinema. People are kept up to date with information they need. Rotas are sent out in advance to inform people on who is supporting them that week. Newsletters are also regularly sent out, this includes information such as social gatherings. People and their relatives told us they have regular opportunity to feedback to the service.

## Leadership and Management

Care staff files are well organised and show they are appropriately recruited. We saw care staff receive checks on identity and a Disclosure and Barring Service check to ensure they are fit to work with vulnerable people. People and their relatives told us staff are very caring and do a good job. One person said, "*I have lovely carers*". Care staff receive lots of support throughout the year, through supervision, spot checks and competency checks to ensure their skills and knowledge remain up to date. Following induction care staff receive annual refreshers with their training and the majority are up to date. Staff told us that they feel confident reporting concerns to managers. The manager maintains oversight of the service to ensure it is running smoothly. We saw good systems in place where the manager receives live updates to show when care and support has been delivered and if there are any concerns identified.

The RI has gained some feedback from people and staff but we found these are not completed at a minimum of three monthly, in line with regulation. The RI has completed a Quality of Care review. This document does not clearly review information such as training, recruitment, audits, safeguarding, complaints and accidents and incidents. Records could be strengthened by including an analysis of important events and information. This would help identify patterns and trends and enable the provider to set clear goals for the service on how improvement will be achieved. While no immediate action is required these areas remain areas for improvement and we expect the provider to take action to address this.

Some measures are in place to maintain oversight of the service. We saw audits are completed on personal plans and staff files. However, we found little evidence to show that these have aided in identifying and embedding improvements. Most quality assurance documents we viewed failed to identify who will be responsible and how they will achieve improvements. We found little oversight of these documents by the RI. There has been little improvement since the last inspection. We found systems and processes in place to monitor the service are sometimes ineffective as little improvement has been made. While no immediate action is required this is an area for improvement and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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8	We found that systems and processes in place to monitor, review and improve the service need to be strengthened.	New
16	Personal plans must be reviewed as and when required but at least every three months	Not Achieved
73	The responsible individual must meet with members of staff and individuals for whom the regulated service is being provided at least every three months	Not Achieved
80	The responsible individual must complete a quality of care review at least every six months. The responsible individual should have arrangements in place to assess, monitor and improve the service.	Not Achieved
38	A minimum of six staff meetings must take place a year	Achieved



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