



Inspection Report on

Bluebird Care Newport

**35 Stow Park Circle
Newport
NP20 4HF**

Date Inspection Completed

6th July 2022

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About Bluebird Care Newport

Type of care provided	Domiciliary Support Service
Registered Provider	Bowmor Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Bluebird Care Newport is registered to provide domiciliary care in the Newport and South Monmouthshire area. It is a franchise of Bluebird Care Franchises Ltd. The owner of the franchise and Responsible Individual is Raymond Morrison. A registered manager is also in place who oversees the day to day running of the service.

People are generally satisfied with the care that they receive, encouraged to take part in the assessment process and have their wishes and independence maintained throughout. Care is generally provided by a workforce that are happy and satisfied in their role and feel supported by the management team. Practices are in place to ensure the right staff are recruited and necessary employment checks are made.

Improvements are required to maintain timely documented supervision of staff through one to one meetings and regular team meetings. Greater formal oversight is also required by the Responsible Individual to meet the requirements of The Registration and Inspection of Social Care (Wales) Act (RISCA).

Well-being

People are happy with and feel involved in the care they receive from the point of assessment through to the provision of care. We spoke with people and their families about the care that they receive, and feedback was generally very positive. Families talked of the service being flexible; that commitment is made to attending calls on time and of occasions when care workers have been willing to stay longer when required. People told us that they have regular care staff and that every effort is made to maintain this. Families talked of receiving a weekly e mail from the service with any updates and changes; and are kept informed if there is a change to the proposed rota. This level of consistency has given one family member a much-needed respite break, advising that she feels confident that her family member will be well looked after when she is away. One person stated, *"they are our lifeline and go above and beyond"*. People are both aware how to and feel able to raise any concerns with the service. They also have confidence that it will be responded to. A manager from the service meets with people prior to care commencing and a copy of the complaints procedure is provided.

Care plan documentation is person centred and demonstrates consultation with people when it is completed. As well as a detailed 'about me' section, it includes consideration of how people would like daily tasks completed for example; instruction about how certain foods should be cooked, or encouraging people to maintain independence with dressing tasks where possible. Detailed information can be seen of people's medical history which helps to inform the level of support required. However, this is not just by a list of information. It includes consideration of the individual impact that this has on the person on a daily basis. Together with the care plan, the service effectively considers risk and documents this clearly for care workers to read. Evidence of maintaining safe and best practice is seen through referrals to other professionals such as Occupational Therapy to ensure safe manual handling procedures.

People feel safe and protected when receiving care from the service and advise of Personal Protective Equipment (PPE) being worn when undertaking personal care tasks.

Care and Support

A rigorous and consistent approach is in place to set up care and involves initial contact with people and their families to capture their needs and wishes. This contributes to people feeling listened to and the completion of person-centred care plan documentation that we saw. Consistency in style and content could be seen across all six care files examined. Care plan documentation is on the whole, thorough, informative and written taking into consideration people's choices. Tasks to be undertaken are laid out clearly for care workers to follow and where a risk is identified, this is documented on a risk assessment also contained within the file. The service is both proactive at identifying triggers for a referral to external professionals and indeed making these referrals. Reviews of care plans appear to be taking place but there is some inconsistency with this and the recording of this. Whilst rigorous audits of care plan reviews is in place and states reviews take place three monthly in line with The Regulation and inspection Of Social Care (Wales) Act 2016 (RISCA), care plan documentation states that reviews take place six monthly. It is therefore difficult to document any changes to people's needs. Greater consistency is required to ensure evidence of care plan and risk assessment reviews , on a three-monthly basis in line with RISCA requirements.

Whilst visits could not be made to people's homes at the time of inspection, evidence could be seen of signatures being gained for provision of documentation, which is supported by people telling us they have documentation at their homes. We could also see evidence of care staff recording care electronically, as well as times of clocking in and out of calls. Whilst some staff members raised concern about the amount of time allocated between calls, on the whole from examination of rotas, travelling time appeared to be allowed. Care staff spoken to report a positive attitude to working for the organisation and find the management approachable. According to one staff member, emphasis is placed on providing staff with regular runs to get to know people. Staff also report being able to take breaks during their working day. People can be assured of receiving care from a sufficiently trained workforce. Systems are in place to monitor staff training, which appears on the whole to be up to date. A robust induction process is also in place which prepares staff for their role. A system is also in place for the renewal of disclosure and barring service checks (DBS) thus demonstrating a commitment to maintaining a safe and appropriate workforce.

Leadership and Management

Robust processes are in place for the recruitment of staff. This includes an application form demonstrating a full employment history, references, photographic identification, and probationary periods signed off in a timely manner by management. Evidence of training is clearly documented both on staff files and located electronically through a training matrix. Evidence of induction can be seen on people's files that follows the All Wales Induction Framework for Health & Social Care. Medication training forms part of this. A medication policy is in place and updated. This states that medication competency is checked on a six-monthly basis. This however could not be evidenced on staff files, and any spot checks seen were very out of date. Improvements are required to ensure confidence and high standards are maintained and to minimise the risk of medication errors occurring.

Opportunities for staff reflection and discussion are limited and require improvement. Feedback from staff is of a management team that are approachable and supportive, however staff do not have the opportunity to meet on a one to one basis through formal supervision on a regular basis. Most supervision notes on employee files are dated from the previous year. This was also reflected in what staff members told us. Improvements are required to ensure staff receive formal supervision on a three-monthly basis in line with RISCA regulations.

Whilst a weekly risk management meeting takes place amongst the management team and clear documented action is taken following this, there is no evidence that team meetings to include the whole workforce take place. Communication to employees therefore appears to occur on a very informal basis. Improvements are required to ensure the whole team have the opportunity to meet at least six times per year, and that these discussions are clearly documented.

The Responsible Individual is present at the service on a regular basis and has a good awareness of the ongoing practices and needs of the service. Improvements are however, required to ensure formal documented oversight can be evidenced as required under RISCA. For example, there is no documented evidence that the Responsible Individual is meeting with clients or staff members to gain their views or that this information is being fed into a Quality of care review. Evidence could be seen of a recent quality of care report that demonstrates a good awareness of the service, including positive aspects and areas for improvement. However, this appears to be an isolated document and does not reflect the requirements and time frames placed on the Responsible Individual under RISCA.

Improvements are required to ensure the Responsible Individual adheres to their professional responsibilities under RISCA in order to maintain high standards of care.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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73	Whilst the Responsible Individual is regularly present at the service and has good awareness of the service, formal meetings are not taking place with clients and staff members that are documented. This needs to be taking place every three months in line with RISCA.	New
80	Whilst we saw evidence of one Quality of Care report completed, there was no evidence of any other reports. This needs to be completed on a six monthly basis.	New
36	Staff are not having regular access to formal one to one supervision. We could not see documentation in staff files demonstrating regular three monthly supervision and telephone discussions with staff members also supported this.	New
38	Whilst the service are holding management meetings, they are not holding team meetings with all staff members. This should be taking place and documented at least 6 times per year under RISCA.	New

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