



Inspection Report on

Bluebird Care (Cardiff South)

**St Hilary Court
Cophorne Way
Cardiff
CF5 6ES**

Date Inspection Completed

16/11/2023

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About Bluebird Care (Cardiff South)

Type of care provided	Domiciliary Support Service
Registered Provider	ANNWYL LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	01/12/2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the care and support they receive. We found personal plans are in place and most include important information. Reviews are very detailed and include the person and or their representative. People are supported to do the things they enjoy and maintain their health and well-being. The manager and the Responsible Individual (RI) have very good oversight of the service and are known and visible to the care staff and people using the service. We found systems in place, enable the manager to maintain oversight and ensure the smooth running of the service.

Well-being

People have control over their day to day lives. People are regularly provided with opportunities to feedback and share their thoughts on their care and on the service as a whole. People are involved in detailed reviews of their care and their feelings are listened to and any changes are made where needed. People told us they like their care staff and are happy with the service. People and their relatives describe positive relationships between staff and people praised them for their kindness and professionalism.

People are supported to maintain their physical, social, spiritual and emotional well-being. People are supported to attend church, visit loved ones and into the community and do things they enjoy. The service provides additional events in the community for people, their relatives and care staff. People's health is maintained through visits with appropriate health professionals. Regular health assessments and records are kept to ensure oversight of peoples health and well-being.

The manager and the RI have very good oversight of the service and are available and visible to people and care staff. People and their relatives feel confident reporting concerns. We saw complaints, accidents and incidents are logged and appropriately responded to. Care staff receive training in safeguarding and know how to raise a concern with the manager. Care staff are safely recruited and regular checks are carried out on their ability and skill level. This is to ensure they are competent within their roles.

Care and Support

People are very happy with the care and support they receive. People said they get along very well with their care staff who are responsive to their needs. One person told us that staff are "*marvellous*". A relative told us that most staff go "*above and beyond*". People are regularly asked for feedback about the service. People and their families told us they felt confident raising concerns with the service. People and their loved ones describe managers and staff as "*approachable*", "*friendly*", "*genuine*" and "*reassuring*". There is good communication between the service, people and their relatives. Relatives told us they are regularly kept up to date with any important events or changes. Some people using the service told us they are not always informed of changes to rotas or staff lateness. The service are aware of this and taking action to address it. Relatives told us they trust in staff and managers, one relative told us staff are "*always lovely*" and another said that the service help them navigate through their care experience.

The service supports people to maintain their health and well-being. We saw people have access to a range of professionals and the service support them when needed. The majority of personal plans include important information about the persons needs and professionals involved in their care. Such as professionals' contact details, to ensure that staff can get clinical support and advice if needed. Accidents and incidents are recorded and the appropriate actions taken. Care staff know how to report and raise a concern. There are systems in place to record the administration of medication, we found the majority of these are completed appropriately. The manager has good oversight of medication systems and can act quickly if an error is noted. We saw plans in place in relation to people's mobility and their nutrition. Some plans could be strengthened by including more personalised detail and by ensuring these are regularly reviewed in line with regulation. The reviews we did see are extremely person centred and include the person.

People are supported to access their usual social activities such as go for a pub lunch, to church, attend a singing class, to a local social club or visit loved ones. The service provide a regular 'Dementia Hub' for people, their loved ones and the community to engage in. The service also volunteer at an annual Dementia Day in the local area, where they make hot drinks and provide cakes and snacks in the community, where everyone is welcome. People told us they are very impressed with the service, with their professional attitudes and kindness.

Leadership and Management

The manager has gone above and beyond to embed into the service and ensure it runs smoothly. The manager has held one to one meetings with all staff to understand their needs and build strong working relationships. We found the manager is active in the community, meeting with people, providing care and supporting people to attend important appointments. The manager has started auditing personal plans and has already begun identifying areas that require further improvement. An analysis document has been implemented to enable oversight of accident and incidents and to consider patterns and trends. This information helps the service identify areas of risk and provide possible ways to limit risk to people. We saw action has been taken following such audits, including referrals to professionals and accessing and utilising equipment to minimise falls. One person told us managers and care staff “*are very thorough, they are excellent*” and a relative told us they “*problem solve*”.

Care staff are appropriately recruited and vetted prior to employment. Staff files include work references, identification, right to work and Disclosure and Barring Service checks. The manager is supporting some staff to complete their All Wales Induction Framework and registration with Social Care Wales. We saw care staff complete mandatory and specific training reflective of peoples needs. Most staff are up to date with their training. New care staff can observe more experienced staff to gain knowledge and skill. Regular spot checks and competency checks are carried out by senior care staff to ensure skills and knowledge remain current. Care staff receive supervision and appraisal. The service need to ensure these are at a minimum of three monthly, in line with regulation. The service have an action plan in place to address this.

Staff are recognised for their hard work and dedication. The service facilitates a carer of the month award and a carer of the year award where they receive different prizes and recognition. Team building events are put on throughout the year so care staff can get together and build working relationships. All care staff told us they are very happy in their roles and enjoy the work they do, one staff member said, “*they are really fantastic*”.

The RI gains regular feedback from care staff and people. These records would be more effective if they were general feedback sessions rather than following concerns or complaints. A Quality of Care Review is completed six monthly in line with regulation. This document could be strengthened by including a thorough analysis of events. Improvements are identified within this document but these would be more consistent if considering the other audits and analysis documents completed throughout the year. People and care staff told us that the manager and RI are extremely friendly, and “*responsive*”. We were also told by staff that “*on call is amazing*” and someone is always there to support them. One relative told us “*without Bluebird, absolutely couldn't manage*” and that they know their loved one is safe and happy.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
80	The report does not cover matters such as: (a) considering the outcome of the engagement with individuals and others, as required by regulation 76; (b) analysing the aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints; (c) reviewing any action taken in relation to complaints; (d) considering the outcome of any audit of the accuracy and completeness of records	Achieved
34	Training is inconsistent across the staff team, some training is out of date and some care staff did not have training in certain areas	Achieved

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