

**CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL  
SERVICES COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Bluebird care, 20 Commercial Street, Pontypool, Torfaen NP4 6JS

**Date of Visit:** Thursday 14<sup>th</sup> July 2022

**Visiting Officer(s):** Amelia Tyler, Contract monitoring officer, Caerphilly CBC

**Present:** Cerys Morgan, Manager, Bluebird care  
James Kuchera, Responsible individual, Bluebird care

**1. Background**

- 1.1. Bluebird care are a relatively new provider and were added to the domiciliary care framework at the end of 2019.
- 1.2. Due to the Covid restrictions it was not possible to meet and carry out a formal monitoring visit. Although the contract monitoring officer met with the previous manager in November 2021, this is the first formal visit completed.
- 1.3. At the time of the meeting, it was confirmed that Bluebird Care had 4 clients in Caerphilly borough delivering 37.25 hours of care a week. It was noted that the provider was hoping to grow within the borough and develop new routes, but this was limited by many packages being 15-minute calls which are not undertaken by Bluebird.
- 1.4. Dependant on the findings within the report, Bluebird Care may be given corrective and developmental actions to complete. Corrective actions are those, which must be completed (as governed by legislation etc) and developmental actions are those deemed to be good practice.

**2. Previous Recommendations**

- 2.1. There are no previous recommendations as this is the first visit.

**3. Findings from Visit**

**3.1. Training**

- 3.1.1. A copy of the training matrix was forward to the contract monitoring officer: This evidenced that the 5 members of staff working in Caerphilly had completed training in safeguarding, food hygiene, manual handling, infection control, medication, and mental capacity.

- 3.1.2. Individual records of training were seen on the two staff files viewed. It was highlighted that online learning contains a quiz at the end to determine the level of understanding.
- 3.1.3. It was useful to see that the front dashboard for the individual staff contained prompts for upcoming events such as any training, DBS checks, car insurance, length of service birthdays etc.
- 3.1.4. There were no issues raised in relation to the training provided and it was good to see that staff are monitored and supported in their roles through the courses provided. The only possible area for improvement mentioned by a relative and staff member was increased shadowing for new carers who are new to the role.

### 3.2. Staffing

- 3.2.1. Neither carer that was looked at were registered with ~~Social Care Wales~~ ~~the Care Inspectorate~~ ~~Wales~~: the manager raised concerns that some staff that might have difficulty completing the necessary work due to individual circumstance and their personal lives. It is possible to complete the registration through an Employer's assessment route meaning the manager can shadow and confirm their competence. It is recommended the manager contact ~~SCWGIW~~ to get advice on how this can be done.
- 3.2.2. There were no hard copies of staff files so all the information was held on the electronic system. Both files contained 2 personal references and it was explained this was because it was the first job for 1 carer and there was evidence seen of a reference request for the second employee from the previous employer and this had not been forthcoming.
- 3.2.3. There were detailed application forms and job descriptions on each file and signed contracts of employment. Although there were interview records available with a scoring system, the scoring method had not been used for either carer.
- 3.2.4. Supervisions and spot checks are completed regularly which cover several areas such as punctuality, length of call, professionalism, uniform and appearance. Meds competency checks are also done monthly and feedback given during supervision sessions every quarter.

### 3.3. File and documentation audit

- 3.3.1. Although there were no initial assessments seen, section 1 of the personal plans contained detailed information about the individual being supported and section 6. Highlighted areas that are important to them and their preferences.
- 3.3.2. It was noted that one client was incontinent but did not wear pads: it was not clear the reasoning for this. On discussion, it was explained that the individual refused to wear these products and it was advised that a risk assessment needed to be completed to identify that this had been deliberated with the individual and social worker and that all measures had been taken in relation to this and smoking in the property.

- 3.3.3.** It was pleasing to see that both clients had been involved in the completion of their personal plans and both had been signed and dated.
- 3.3.4.** The individual's preferred call times were stated on the personal plans, and these were reflected in the duty rotas provided which also evidenced a good consistency of staff.
- 3.3.5.** There was evidence seen on the electronic system that daily records were being carried out by the coordinators regularly and although no issues or concerns had been identified with the calls viewed, the manager gave reassurances that this would be carried out with the staff member if required and the outcome would be logged.

#### **3.4.** Quality assurance

- 3.4.1.** A copy of the weekly meeting agenda was provided, and this covered many areas such as sickness (short and long term), any packages that had been handed back, any safeguarding issues, new starters, training, customer reviews completed etc.
- 3.4.2.** The most recent quarterly report had been completed by the responsible individual in May 2022 and the contract monitoring officer was informed that customer surveys would be carried out in July. A copy of the statement of purpose was reviewed annually and this had been updated to reflect that James Kuchera was now the responsible individual and the one touch system evidenced this was due for review on or before 1<sup>st</sup> July 2023.
- 3.4.3.** It was noted by the contract monitoring officer that the service user guide had also been updated in March 2022. All the policies and procedures were available on the system such as safeguarding, client finances, infection control, complaints etc. All policies and procedures had been regularly updated and it was clear these were 'live' documents that were amended promptly to reflect and changes in legislation or organisational program and readily available to staff.
- 3.4.4.** Discussion was held around getting feedback from staff and it was highlighted that Bluebird arrange monthly coffee mornings for employees at different venues out in the community, to make attendance easier. During these informal meetings staff are given a drink and a cake as an incentive. This provides opportunity to obtain the views of carers and for them to discuss areas of the role face-to-face as they are primarily lone working.

#### **3.5.** Staff feedback

- 3.5.1** One member of staff was spoken to as part of the monitoring process: They told the contract monitoring officer they had sufficient travel time between calls and had more than enough time during their calls to carry out all necessary tasks.

- 3.5.2.** When asked if the call routes were ok, they explained the coordinators were 'good as gold' and always check before making any changes. The carer felt supported by their supervisor and said the office staff are very helpful.
- 3.5.3.** Although the carer felt she didn't require an induction as she had worked for another home care provider previously, she commented that a bit more shadowing for new starters would be beneficial as it can be daunting doing lone working.
- 3.5.4.** The carer was asked if there was enough information available in the client homes' and they responded it is all available on their phones through the 'one touch' electronic system. Although it was felt they sometimes struggle with the app, it is all available. When asked if there were any additional comments, they highlighted that Harris healthcare (Bluebird's over arching organisation) was the best care company they had worked for. It was explained 'They are well organised, supportive and they care about their employees'.

### **3.6.** Client feedback

- 3.6.1.** One client was spoken to about the provider: they commented that the most important thing to them was the support to have a shower and get dressed. The lady told the contract monitoring officer that the carers were marvellous and always treated her respectfully.
- 3.6.2.** There were no areas of improvement identified and it was shared that the consistency of staff was good and it was normally the same few staff helping her. Staff always had time to talk to her and didn't appear to be rushed during the calls or struggle to get all the tasks done in the allocated time.
- 3.6.3.** When asked if they were contacted if the carers had been delayed it was explained that she hadn't been informed directly, but her son had taken a call and let her know that the carers would be later than usual.
- 3.6.4.** It was shared that the client had never had cause to complain to the provider and would rate them 10/10

### **3.7.** Relative feedback

- 3.7.1.** One relative was spoken to get their views: They commented that they had needed support to help the client with their personal care as they were unable to do this themselves with support from their partner. It was explained they were looking to cancel the support as they are now able to carry out these tasks without assistance from the agency.
- 3.7.2.** The relative explained the staff were fantastic and were 'as good as gold'. They had never had cause to complain to the provider or externally. The only area from improvement would be additional training and development of staff but they commented they felt this was across the sector rather than specific to Bluebird care.

3.7.3. The contract monitoring officer was told there were consistent staff that treated the client with dignity and respect and never appeared to be rushed in completing what was needed. Carers had never missed a call and there was only 1 occasion where the carer had been delayed when they hadn't been notified by the office.

3.7.4. When asked what rating they would give the service they said 7/10.

### 3.8. General observations

3.8.1. The office was very efficient, and the electronic system being used contained all information required: from the policies and procedures to the notification system if a call was running late. The system appeared very effective and user friendly with some basic training.

3.8.2. It was acknowledged that CIW had last completed an inspection in February 2022 and no compliance actions had been identified.

3.8.3. As daily records were being reviewed by coordinators daily this allowed the provider to identify and concerns promptly and resolve the matter rather than waiting for written records to be brought into the office before being reviewed, which could be a matter of weeks.

## 4. Corrective / Developmental Actions

### 4.1. Corrective actions

4.1.1. Service providers have rigorous selection and vetting systems in place to enable them to decide on the appointment or rejection of all staff; interview scoring systems to be completed. **RISCA version 2 (April 2019) Regulation 35**

4.1.2. Detailed risk assessments to be completed in relation to refusal to wear incontinence products and smoking in the property. **RISCA version 2 (April 2019) Regulations 14 and 21**

### 4.2. Developmental actions

4.2.1. The manager to contact ~~SCWGIW~~ to get advice of registering carers via the employer's assessment route.

4.2.2. Consideration to be given to the shadowing process for staff new to the role.

## 5. Conclusion

5.1. The office appeared to be well run and it was pleasing to see the manager had full support from the responsible individual. The finding of the contract monitoring officer was that all staff from the responsible individual, office staff, carers and manager work very closely as a team. There were 2 corrective actions identified and it is requested these be completed within 3 months.

- 5.2. It was acknowledged that the electronic system was very thorough, and all the information requested was easily obtained. The feedback collated from a client, relative and member of staff were all consistently positive.
- 5.3. Although the number of clients in Caerphilly was low at the time of the visit, it would be welcome to seeing this grow within the borough as the number of care staff increase.
- 5.4. The contract monitoring officer would like to take this opportunity to thank everyone involved in the monitoring process for time, help and hospitality.

**Author:** Amelia Tyler  
**Designation:** Contract Monitoring Officer  
**Date:** 29<sup>th</sup> July 2022

N.B. This report will be made available via Caerphilly County Borough Council's Internet site. Hard copies of the report will also be made available to prospective residents and/or their families should they ask to see them.