

## Bluebird Care Inverclyde & Renfrewshire Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 June 2025

**Service provided by:**  
Bhart Ltd

**Service provider number:**  
SP2022000040

**Service no:**  
CS2022000060

## About the service

Bluebird Care Inverclyde & Renfrewshire is a care at home service for older people and a maximum of 12 people between the ages of 40 and 65. The provider is Bhart Ltd.

The service is provided by one staff team located in Paisley, Renfrewshire.

At the time of inspection, the service was supporting 38 people at home and in the community.

The registered manager was supported by a service manager, co-ordinator, business support team and a team of carers.

The registered manager is also the registered manager of Bluebird Care Glasgow South.

## About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 June 2025 between the hours of 09:30 and 18:30. 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with eight people using the service and two of their family members.
- Spoke with 13 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

We also considered feedback from six staff members, and three family members provided through a Care Inspectorate survey.

## Key messages

Staff understood people's health and wellbeing needs and worked well together to provide good care.

Medication was managed safely but improvements were needed to the way 'as and when' medication was recorded.

Quality assurance processes were in place and used well to drive improvements in the service.

Managers communicated well with staff and encouraged their involvement in the service.

Good quality training, staff supervision and regular team meetings supported staff to develop their skills.

People were mostly supported by staff who were familiar with their needs and preferences.

People's personal plans were regularly reviewed to ensure their care was right for them.

Improvements were required to how the service handles complaints and concerns.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. A number of important strengths contributed to positive outcomes for people. Some improvements are required to ensure people have consistently good experiences.

Effective processes were in place to ensure people's health and wellbeing needs were understood and information was shared appropriately. Staff had a good understanding of people's health needs and were aware of their responsibility, to share information with leaders when people's needs were changing. Staff told us that managers were accessible and supported them to make good decisions about people's health needs. Families told us they were confident that changes in their loved ones' health would be shared appropriately. Personal plans contained relevant information about people's needs and leaders communicated appropriately with external professionals, to share information about changing needs. This meant that people could be assured that staff would support them to access healthcare if required.

The service had effective systems in place to support people with their medication but improvements were required to ensure 'as and when' medication was managed safely. All staff had training in medication management at induction and as an annual refresher. An electronic medication recording system (Emar) was in place, which ensured administration of medication was recorded and could be tracked by the service. We sampled records and found that medication administration had been managed in line with people's assessed needs. Regular audits were taking place by the management team to help identify any errors. This assured us that people's medication needs were appropriately assessed and the right medication support was in place. Where people required support with 'as and when' medication, sometimes known as 'PRN' medication, the service did not have suitable protocols in place to ensure this was managed safely. This only impacted a very small number of people but meant there was a risk that people would not get the medication they needed at the right time. (See area for improvement 1).

Where people required support with their meals, the service provided this support well, with a focus on people's wellbeing and dignity. We observed meals being prepared and served to people during support visits. Staff did this respectfully and in line with people's preferences which were recorded in their personal plans. Staff understood that changes in dietary or fluid intake can be an indicator of poor health, particularly for those who are unable to easily communicate their needs. This assured us that staff were vigilant to changes in people's dietary needs and understood their responsibility to promote a healthy attitude to eating and drinking.

### Areas for improvement

1. To keep people safe, the provider should ensure a protocol is in place for all people requiring 'as and when' or 'PRN' medication. This protocol should record, at a minimum, what the medication is for, when it should be used, and any measures that should be taken prior to using the medication. The effect of the medication should be recorded each time it is used, to enable health professionals to review the medication if necessary.

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

**How good is our leadership?****4 - Good**

We evaluated this key question as good. A number of strengths in leadership contributed to positive outcomes and experiences for people.

The service had effective quality assurance systems in place to monitor and assess people's experiences. The leadership team completed regular audits to identify areas where improvement were required. This included audits of daily recording notes, medication administration, staff training compliance, and accidents and incidents. Action plans were in place when improvements were needed. This assured us that information from audits was being used to drive improvements in the service. The leadership team is relatively new but the manager was keen to build on existing strengths in the service and involve all staff in identifying areas where practice could be improved. Weekly leadership meetings were taking place to support this.

People should expect to have opportunities to share their views about the service in order to influence service development. People and their families told us that they were encouraged to share their views and that the office staff were approachable and open to feedback. The service had sent a survey to staff, people receiving support and their families, to help understand how well the service was working for them. The manager had analysed the responses from these surveys and had created an action plan to drive forward some of the changes suggested. This assured us that the service had a culture of continuous improvement and valued people's views.

The service had a comprehensive complaints policy in place. We reviewed a complaint received by the service and found that the complaints policy had not been followed. This meant there was a risk that the complaint was not handled in line with organisational policy or best practice guidance. We have continued a previous area for improvement in relation to complaint handling. (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

A robust service improvement plan (SIP) can support services to identify priorities for development and drive these forward. The service had a SIP in place which had been regularly updated. This assured us that the leadership team were improvement focused. We encouraged leaders to continue to develop the SIP in line with SMART principles (Specific, Measurable, Achievable, Realistic, Time-Based). This was to support the service to identify priorities, assign them to the appropriate staff and ensure tasks are completed. We also asked leaders to ensure achievements were acknowledged and shared with the team and people using the service. This was to support the team to recognise the positive impact of their hard work. Staff shared a sense of momentum in the team along with a positive outlook for the future. This assured us that the leadership team was building capacity for ongoing improvement to benefit people.

**How good is our staff team?****4 - Good**

We evaluated this key question as good. Staffing arrangements contributed to positive outcomes and experiences for people.

Processes were in place to support an effective skill mix and deployment of staff. Staff turnover has been an issue for the service in the past but staff retention had improved in recent months. A range of initiatives had been introduced by the provider to support and develop the staff team. This included improvements in induction processes and the training available for new staff. The service had introduced a new induction workbook and shadowing workbook to support staff to record and reflect on their experiences.

A new system was in place to ensure staff had access to support and supervision at key points during the initial months of their employment. Thereafter, staff had access to regular supervision which had been well recorded to reflect the quality of discussions taking place. This included discussions about learning and development needs. Oversight of training compliance had also improved. This assured us that staff were getting the right training and development opportunities to support them to develop their practice and support people safely.

Safe recruitment processes were in place and the provider had a robust policy and procedure which aligned with current best practice guidance. This meant that staff were recruited in a way that protected people from harm. We asked the manager to ensure that all recruitment paperwork is checked and signed off by an appropriate person in the organisation, to confirm compliance with best practice standards.

People should expect to have their care and support provided by staff who are familiar to them. The leadership team had identified improving continuity as a priority for the service. We heard from people that this had improved significantly in recent months. We sampled rotas and support schedules which reflected that people's support visits were generally taking place at the right time. Some staff informed us that travel time between visits could place them under pressure. This can have an impact on people's experiences. The provider had employed additional staff in scheduling roles in order to further improve scheduling and continuity. These staff had not commenced their new roles at the time of inspection. While the service has made improvements in this area, recent changes and developments will require time to bed-in before the impact of the changes can be assessed.

Staff worked well together to ensure people's support needs were met. People told us that staff were warm, kind, knowledgeable, and understood their needs. Staff told us that they valued their training and the support provided by the leadership team which supported their development. All staff undertook shadow-shifts when meeting new people for the first time. This meant that they were supported by colleagues who knew people well. An on call system was in place for staff to access support. Staff informed us that on-call managers were always available when required and they never felt alone when dealing with complex or changing needs. This assured us that staff had support available to make good decisions when working alone.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good. Several strengths in personal planning contributed to positive outcomes for people.

The leadership team were in the process of refreshing personal plans to ensure they were person-centred and outcomes focused. Additional training had been provided to the staff responsible for writing and reviewing personal plans. This helped embed best practice and clarify the quality expectations of the provider. There was strong leadership in this area and the staff responsible for developing the personal plans were suitably trained and competent. This assured us that leaders understood the importance of meaningful personal plans which can support staff to deliver good care. The personal plans we sampled contained sufficient information about people's needs. Some improvements were needed to ensure that people's desired outcomes were clearly recorded. This will support the service to understand if the care provided is meeting people's needs and outcomes.

People should expect to have their personal plans reviewed as their needs change. The service had good processes in place to ensure reviews took place in line with statutory guidance.

A 'review tracker' enabled the manager to ensure reviews were taking place regularly. We sampled review minutes and could see that changes in needs and outcomes had been discussed with people and their families.

These changes had been updated in people's personal plans. This meant that care staff had the right information to deliver people's care in line with their needs and wishes. We asked the provider to continue to use quality assurance processes, to ensure that review minutes reflected the quality of discussion that took place. This was to ensure that people's views and changing needs were accurately recorded.

The provider ensured people and their representatives were involved in personal planning. People told us they were invited to review meetings and had access to a copy of their personal plan if desired. Where people had legal measures in place such as power of attorney, this had been recorded and copies of these documents were obtained by the service. This meant that the service had access to information to ensure people's legal rights were upheld. Leaders understood people's legal rights in relation to incapacity and the need to have legal documentation in place to administer medication, if required. We asked leaders to ensure that this is always clearly recorded in people's personal plans. The service did not consistently assess people's future care needs and preferences. We asked the service to use best practice guidance for future care planning. This is to ensure people's wishes and preferences for their care and support are known and recorded, should they experience a significant change in their health or abilities.

## 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

To keep people safe the service should ensure that there is a clear process for making notifications to the Care Inspectorate. All notifications should be made timeously in line with the guidance document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

**This area for improvement was made on 12 August 2024.**

#### Action taken since then

The manager of the service had access to the most recent guidance from the Care Inspectorate, to guide decision making about notifications. All accidents and incidents were tracked and evaluated by the registered manager, to ensure the appropriate actions were taken and appropriate notifications made.

This area for improvement is met.

## Previous area for improvement 2

To ensure continued learning from complaints and concerns, the service should ensure that complaints are managed effectively in line with organisational policy. Learning from complaints and concerns should be shared with the staff team where appropriate and should contribute to the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

**This area for improvement was made on 12 August 2024.**

### Action taken since then

We tracked a recent complaint received by the service. The registered manager had investigated the complaint and had taken action to make improvements in the service. This included an action plan for leaders and additional training for staff. It was not clear that the steps taken aligned with the organisation's complaints policy and there was no formal response to the complainant.

It is essential that the service responds to concerns and complaints in line with organisational policy, to ensure people using the service and staff have a consistent and fair response to complaints.

We have extended this area for improvement to ensure the service is able to fully implement the organisational policy.

This area for improvement is not met.

## Previous area for improvement 3

To ensure the views of people contribute to service improvement, the service should develop a process for seeking feedback from people and using this to contribute to the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

**This area for improvement was made on 12 August 2024.**

### Action taken since then

The provider had sent a satisfaction survey to all people using the service and their families or representatives. Staff had also received a survey. The leadership team had gathered and analysed the responses. Action plans were in place to implement improvements where these had been suggested.

The response level to the satisfaction survey was relatively low from people using the service. The leadership team had identified this and were considering different ways to gather feedback from people about their experiences using the service.

The leadership team clearly understood the value of customer feedback and were refining processes for gathering and using feedback from people to make improvements.

This area for improvement is met.



#### Previous area for improvement 4

To ensure high quality care and support for people, the service should ensure staffing arrangements and decisions align with the principles of the Health and Care Staffing (Scotland) Act 2019.

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

**This area for improvement was made on 12 August 2024.**

##### Action taken since then

Staff turnover in the service had reduced and a range of initiatives had been developed to support staff retention. This included improved training and support at induction and additional resources to support staff to reflect on and develop their practice. Leaders understood the importance of supporting staff wellbeing and connectedness with the service.

People told us that continuity of support had improved. Additional staff had been employed to support improvements in scheduling to ensure people's support visits aligned with their assessed needs.

This area for improvement is met.

#### Previous area for improvement 5

To ensure people are protected from financial harm, the service should ensure sufficient safeguards are in place when supporting people with their finances. This should include, but not be limited to, ensuring arrangements for financial support are clearly recorded in personal plans, robust risk assessments are in place, and arrangements for auditing and oversight are clearly documented and implemented.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

**This area for improvement was made on 12 August 2024.**

##### Action taken since then

We sampled one personal plan where the service provides support with managing finances. The service was working with the person and external colleagues to provide safe and consistent support. The person's financial support needs were clearly outlined in their personal plan. Quality assurance systems had been implemented to provide scrutiny and oversight of how finances were managed. These processes were not as effective as they could be and we identified some errors in financial recording which had not been addressed.

Further review of financial process is required, to ensure the systems in place are adequate to protect people from financial harm.

This area for improvement is not met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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