

Starboard Tack Ltd

Bluebird Care (Mid and West Cornwall)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Bluebird Care (Mid and West) Cornwall provides personal care to people who live in their own homes in Truro and surrounding areas of Cornwall. At the time of our inspection the team of 69 care staff was providing support to approximately 50 people in the community.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. The franchise operates over two hundred locations across the United Kingdom. Bluebird Care (Mid and West Cornwall) is registered to provide personal care to; people who experience dementia, people with learning disabilities or who are on the autistic spectrum disorder, older people and people with a physical disability or sensory impairment.

The service provides three types of support to people in the community. The first is short visits to people in their own homes to provide personal care and domestic support. The second is to provide people with a supported living service. Supported living is where people live in their own home and receive care and support in order to promote their independence. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home. The third type of support is a 'Live In' service. This support is also referred to as 'companionship' as the person's care needs are low but they need reassurance and support to remain in their own home. Care staff live with the person in their own home for a particular time period.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were extremely satisfied with the quality of the service they received. People told us "They [the staff] are really lovely. They genuinely care," "They are lovely, they do everything I want" and "They always come in with a smile and make me feel better too." A relative told us; "They not only look after my husband but they also take care of me too. It means so much," and "I couldn't have done it without them, they support me as well as (person's name)."

People told us they felt safe and were well cared for by Bluebird Care. Their comments included; "'I do feel safe," and "They (care staff) are so caring and kind, they look after me very well." People's relatives echoed this and said; "I am reassured that my husband is receiving care from carers who really do care."

People and relatives consistently praised staff for their caring attitudes. The registered manager and staff were able to tell us about how they went 'the extra mile' for people and the difference this had made for them. Staff were highly motivated and had gone out of their way to support people and used their own initiative to seek out ways to support people in a caring and kindly manner. Staff were observed to be kind

and compassionate both to people and their relatives, who valued the interest staff showed in them as individuals.

People told us they had "never" experienced a missed care visit. One person told us; "It doesn't matter if it's snowing, hailing, thunderstorm, raining or sunny, they always come. They have never let me down." The management team told us; "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will." The service had robust and effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness was due to care staff needing to provide extra support to a person in an emergency or due to travel issues, especially in holiday seasons. People told us that the Bluebird Care office staff would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue.

We found staff consistently provided care visits of the correct visit length. People and relatives told us their staff never rushed them and stayed for the correct duration of their visit. Bluebird Care operated an on call system outside of office hours. Care staff told us managers would "Always respond promptly" to any queries they might have. People and a relative told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us staff had sought their consent for their care. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received relevant training and understood the principles of the Act. People's consent to their care and support was in line with legislation and guidance.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had "lots of training" and found the training to be beneficial to their role. Staff said they were encouraged to attend training to develop their skills, and their career.

Staff underwent a rigorous induction programme prior to providing people's care. The Induction of new members of staff was effective and fully complied with the requirements of the Care Certificate. People told us they were introduced to new staff before they supported them in their home. People and relatives confirmed they had consistent care staff to support them and had built up positive relationships with care staff.

Everyone told us staff ensured their dignity and privacy was promoted. People were treated with respect by staff, both when they were having their care delivered and in the way people were formally referred to.

Staff had high expectations for people and were positive in their attitude. Staff were respectful of the fact they were working in people's homes. One staff member said "We have to remember this is their home. We need to respect their privacy and choices. So they choose what TV programme to watch, not me." The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

People unanimously told us that staff consulted them about how they wanted their care to be provided and gave them choices about their care. People's preferences were recorded in their care plans for staff to consult. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. Staff also used verbal reassurance and touch, when people had limited understanding of the care staff were providing for them, in order to enable the person to feel safe and cared for.

The provider had a compliments, concerns and complaints policy which outlined to people how and to whom they could address any concerns they had with the service. People told us they knew how to complain if they needed to and that if they had raised an issue it had been promptly addressed.

The provider valued their staff and saw them as an asset when delivering high quality care to people. They appreciated that people wanted consistency in their care and that staff retention was an important factor in this. To achieve this they had identified a range of ways to retain their staff. Care staff feedback was that the providers and registered manager were "all approachable", "very caring" and were "Always ready to listen, support me and do as we do to our customers, - care." People told us the service was "well managed".

The directors and registered manager provided clear leadership to the staff team and were valued by people, staff and relatives. There was a positive culture and the provider's value system placed people at the heart of the service. There was a whole team culture, the focus of which was how they could do things better for people. Staff felt able to raise any concerns with management.

Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. In addition 'spot checks' by managers were used regularly to confirm each member of care staff was providing appropriate standards of care and support. The registered managers spoke highly of the staff team describing them as committed and enthusiastic in their approach to work. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

The provider had developed strong links with the local community. They worked alongside other organisations to ensure they followed current good practice in the delivery of people's care. The management team had a role in promoting the importance and value of social care locally. They held stalls at local events promoting 'Care at Home' and 'Careers in care'. They had also held sponsored events within the service, and any money raised from these events was donated to local charities. This promoted Bluebird

Care as well as giving support to other local causes in the community. By highlighting the value of social care for people the provider was challenging negative perceptions and demonstrating its value for people in supporting them to live well independently.

There was a strong focus on continually striving to improve. For example they had identified, purchased and implemented an innovative electronic care recording system to enable them to deliver a high quality service to people. This allowed the provider to monitor the delivery of people's care as it happened. The provider understood how it's use could improve people's experience of the care staff provided. People's care was being delivered more safely, effectively and responsively due to the provider's utilisation of technology to support the planning, delivery and monitoring of care.

The management team strived to continually improve the quality of service they provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Information from customer surveys and the actions the provider took were shared openly and honestly with people. Feedback from people through surveys and complaints were used to continuously drive improvement.

The provider met with other Bluebird Care franchisees in the south west region and nationally. This allowed the opportunity to discuss current practice and share ideas on how to continually improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and records demonstrated care staff normally arrived on time.

Is the service caring?

Outstanding ☆

The service was extremely caring. Staff had formed strong caring relationships with people who used the service. They took the time to listen to people and get to know them. They went out of their way to make people feel valued, cared for and cared about.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed,

personalised and provided staff with clear guidance on how to meet people's care needs.

People's care plans included personalised goals and staff supported and encouraged people to engage with their hobbies and interests.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

The service was very well led. The provider had created a very positive staff culture and value system which placed people at the heart of the service. They valued their staff, developed them and had identified ways to retain them to ensure continuity of care for people.

The management team provided strong leadership and led by example. They had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

The management team supported their staff to ensure they were equipped to provide the highest quality care to the people they support.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

Outstanding 

Bluebird Care (Mid and West Cornwall)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16, 17, 18 and 21 June. Over the course of the four days we visited the head office twice where we spoke with staff and looked at records. We also met with four people and a relative in their homes. The inspection was announced 48 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection was carried out by one inspector.

Bluebird Care (Mid and West) Cornwall had submitted an application to us to change the providers legal entity. This was the first inspection of the service under this change of legal status.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people who used the service, one relative, twenty other staff members, the registered manager and two directors of the organisation. We inspected a range of records. These included five care plans, five staff files, training records, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care and support from Bluebird Care staff. People's comments included; "I do feel safe," and "They (care staff) are so caring and kind, they look after me very well." People's relatives echoed this and said, "I am reassured that my husband and I are receiving care from carers who really do care."

Staff had a detailed understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many staff needed to support people in their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and live as ordinary a life as possible. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. In discussions with staff it was clear they recognised the need to keep people safe while ensuring they were not overly restricted. The care documents provided staff with clear guidance and direction on how the person should be supported in relation to each specific identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The rota coordinators organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and a member from the management team who then decided whether they could meet the person's needs. The registered manager told us they did not accept care packages for people if they did not have the capacity to meet them.

The care supervisors and registered manager operated an on call system outside of office hours. Care staff

told us managers responded promptly to any queries. People and a relative told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This demonstrated the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

People told us they had "never" experienced a missed care visit. One person told us "It doesn't matter if it's snowing, hailing, thunderstorm, raining or sunny, they always come. They have never let me down." People told us their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that any lateness would be due to care staff needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us Bluebird Care headquarters would phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. The management team told us missed visits were not an option. "People in the community are vulnerable. As soon as it is identified that a visit may have been missed, we get a member of staff, usually from the office, to go round immediately to make sure the person receives the support they need." The service had robust and effective procedures in place to ensure that all planned care visits were provided.

People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of carers. However, people said new carers were introduced by a member of staff who they already knew.

People were supported by dedicated teams and there were suitable arrangements in place to cover any staff absence. Staff told us that the care supervisors and registered manager undertook some care shifts especially if there were staff absences at short notice due to staff sickness. Care staff told us they would cover any shift absences where possible as they believed having a dedicated team of staff to support the person was in their best interests.

New employees underwent relevant employment checks before starting work to show they were suitable and safe to work in a care environment. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. We saw staff accept a delivery of sanitised gloves on one home visit which showed infection control practices were being used in people's homes. Staff told us they had access to all personal protective equipment.

The arrangements for the prompting of and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Staff completed Medicine Administration records (MAR) appropriately. In some supportive living services, the dedicated staff team were trained in administering particular medicines. The training was provided by an external specialist health professional with expertise in this area of care, for example the administration of emergency medicine.

There were systems in place to enable staff to collect items of shopping for the people they supported. Staff,

people and their relatives felt the systems were robust The person, along with staff, developed a care plan that specified how they wished to be supported in managing their money and how it would be monitored. This also showed consent had been gained by all parties.

Is the service effective?

Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "Carers are skilled, they know how to look after me" and, "The staff are very knowledgeable." A relative also echoed this view.

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager told us; "The staff are very keen, motivated and they know the people they support well." The human resource and systems coordinator monitored the staff induction and training. From our discussion with him it was evident that there was a strong emphasis on training and continued professional development.

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. Bluebird Care had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. We spoke with two people who had recently started work at Bluebird Care and their records confirmed they were in the process of completing the Care Certificate. We saw records which confirmed other new employees had completed the Care Certificate successfully. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

The induction consisted of training, followed by shadowing and observing the care provided by an experienced member of care staff. New staff told us the induction was comprehensive. One commented; "I have worked in care before and this is the best induction training I have had, it is so person centred."

Staff who had commenced their post with Bluebird Care in the last year confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included; "I shadowed experienced staff for two weeks. It got me to know the customers I would support and them me." Staff told us, when they had completed their induction, they were asked if they felt confident working alone and extra support was available if needed. Staff continued to receive support to help ensure they remained confident in their role. A staff member told us; "The person who interviewed me six months ago for the job still phones me to check I am ok." The registered manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role, and the staff member felt confident to work on their own.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, medicines and, dementia. Staff told us; "The training is very good" and "We have lots of training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example sensory and end of life care training. When staff required specialised training this was sourced from external professionals. For example, some staff were trained in percutaneous endoscopic gastrostomy (PEG) feeding for particular people. PEG feeding is used when a person cannot receive nutrition or medicines orally. Staff said they were encouraged to attend further training to

strengthen their skills and knowledge.

Staff received regular supervision and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

Staff felt they were supported in their role and if they had any queries they would be able to approach a member of the management team without hesitation. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills.

The service's staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented; "There is enough travel time" and "They take into account our family commitments so we don't have to change our shifts." People said their staff were; "On time" and if they were going to be late they were informed of this by the service headquarters. People told us; "I get a rota in advance so I know whose coming."

We reviewed daily care records. We found care staff normally arrived on time and provided the full planned care visit. People told us; "They're here for the time they are meant to be," and "They never rush me, they are very good, they give me all the time I need."

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask what I want doing and the same when they leave." A relative echoed these comments. Staff recognised the importance of gaining consent before providing care and told us; "I like to check with the customer that I have done everything they need before I go."

People were supported to maintain a healthy lifestyle where this was part of their support plan. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. Care records showed that any changes to dietary requirements were discussed with the person, their representative and health professionals when needed. The rationale as to why food choices had changed were recorded and care staff then ensured the right foods were purchased and meals prepared. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks. Where staff prepared meals these records included details of how much food the person had eaten

Records showed Bluebird Care worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to

check that the right equipment was in place at a person's home.

Is the service caring?

Our findings

Throughout the inspection people and their relatives were keen to tell us how caring staff were. People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Bluebird Care staff on the caring and compassionate manner in which they provided support. People's comments included; "They [the staff] are really lovely. They genuinely care," "They are lovely, they do everything I want" and "They always come in with a smile and make me feel better too." A relative told us; "They not only look after my husband but they also take care of me too. It means so much," and "I couldn't have done it without them, they support me as well as (person's name)." Everyone said they would recommend Bluebird Care to others who needed support.

We saw compliments from healthcare professionals were also exceptionally positive about the service and the care provided. We saw letters of thanks to Bluebird Care staff from people and their relatives. Everyone spoke highly of the kindness and compassion that care staff showed to them.

Bluebird Care's mission statement stated 'We believe in a person centred approach both for our customers and our colleagues and that is why we are able to deliver the best care possible.' Staff were highly motivated and inspired to offer kind and compassionate care and support. Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop and maintain their skills. For example one person had lost the ability to write their name. Each day care staff visited and encouraged the person to practice until they had regained the skill. The impact for the person was that this helped them maintain their independence and increased their self-esteem and confidence. The person and a family member were delighted with this achievement.

Bluebird Care staff valued the people they supported and referred to them as; 'Our customers.' A team leader had invented a 'twiddle muff' for a person they supported who suffered from anxiety. This was a sensory object made up of different materials and textures, with items such as zips and buttons on it. This had proved to be so successful that staff had made more for other people they supported who responded particularly well to touch. The 'twiddle muff' was used as a distraction and had been successful in relieving anxiety for people. This demonstrated how the service recognised people's needs and responded to them individually.

Bluebird Care staff also showed people they valued them by sending birthday cards to their 'customers', which were appreciated by people and especially those who were particularly isolated. One person had designed a Christmas card and staff had arranged for this to be professionally printed and used as the official Bluebird Care Christmas card. The card had been sent to people using the service, their relatives, staff and other stakeholders. This showed people's skills and talents were recognised and celebrated.

People were supported by a consistent team of staff who were able to build a relationship with them over a period of time and develop an understanding of their individual needs. Bluebird Care tried to 'match' care staff with people they supported so that they had common interests and outlooks. Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's

care needs and individual preferences. Staff told us they enjoyed their role and were passionate about achieving a high standard of care for each person they supported. Staff comments included; "I love this job, I love the people I work with, I am so lucky to do this work, a smile from a customer you support is the best thing."

Visit schedules and records showed that people were regularly supported by the same care staff. People said they knew and got on well with their care workers. A relative commented how important it was for their husband to have the same care staff to lessen their anxiety. The relative said this had been acknowledged by the service and the same care staff visited. This reassured their husband and the relative who felt their wishes had been listened to and respected. Staff recognised the importance of their role in the social networks of the people they supported and told us, "I see the same people each day, that way you really get to know the person and have a good chat with them about how they really are."

We visited people in their own homes and saw care staff providing emotional and physical support to people. This was provided with respect, affection, at the persons own pace and with a sense of humour. One person had limited verbal communication and responded to touch. This was reflected in the persons care plan. We saw staff appropriately provide comfort by touching the person to reassure them of their presence as we were visiting their home. This demonstrated care staff knew the person well and could offer appropriate comfort.

Care staff had voluntarily completed 'A day in the life of a carer.' This was a reflection on their first hand experiences. Extracts included; 'Most of all it's about being part of a team, and making a difference to someone's life and helping them keep their independence, dignity and keeping them safe.' And; 'A lot of my customers are frustrated and in pain and can sometimes take it out on the carer. I never take it personally because I know it's not toward me, it's toward their situation and conditions. I try every day to help them to forget about their situation and make them laugh. I always listen to them when they want to get something off their chest. ... At the end of the day home is where we want to be with our memories and every room in a home has special significance and every piece of furniture tells a story.' Another example read; 'We may have to visit our customers on a bad day, we may have to do the tasks we dislike doing in our own homes, like putting the bins out. We may have to battle rain, cold, gale force winds and traffic to get to our customers but when we get there we know that Mrs A will offer us a cup of tea, we will have a lovely chat with Mr B and that at the end of it we are enabling our customers to do what perhaps they couldn't do alone and we forget about the negatives. Because to a carer it's the tiniest of things that lift our spirits that makes us feel proud and that makes our job worthwhile.' These reflections demonstrated the staff team had empathy for people's situations. They showed compassion and a genuine desire to improve the lives of the people they supported.

People told us their care staff always responded to small changes in their care needs and one person commented, "Some days I am a bit slower, but the carers never rush me, they are so patient." A relative told us that they had needed additional support in an emergency situation. They commented; "Within ten minutes a carer was there. I've needed to call on two occasions and on the other occasion the office staff came to help me. They really respond and care. It was no problem to them. This is how much they care, they go above and beyond." The provision of these unplanned care visits, demonstrated the commitment of both staff and managers to meeting people's care needs.

Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people's increased needs and that when this was necessary managers would contact their other customers to inform them of any delay. This demonstrated that the person's needs came first.

People told us they were treated with respect and their privacy was upheld. A relative told us care staff had called them and their spouse Mr and Mrs (person's surname) initially. This had continued until they felt they had developed a relationship where they were comfortable for care staff to call them by their first names. This demonstrated staff respected how people wished to be addressed.

People's care plans described how they wanted and needed to be supported in order to protect their dignity. Peoples' preferences in relation to the gender of their care workers were respected during the visit planning process. People told us they were asked if they wanted a male or female care worker and their wishes were respected. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

Some care staff were in people's home for many hours, especially in the supported living and live in care packages. A care staff member who provided a live in package of care spoke about the importance of respecting the person's home. They said "We have to remember this is their home. We need to respect their privacy and choices. So they choose what TV programme to watch, not me."

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care plans. People showed us a copy of their care plan that they had in their home. People had signed their care plans and were in agreement with the support identified.

Staff told us people's care plans were; "useful", "very thorough" and available in each of the homes they visited. Staff comments in relation to care plans included; "They are very detailed and tell you all you need to know", and "They are in all of the houses I go to and tell you everything you need to know." Team leaders developed the care plans with the assistance of the registered manager and care staff who knew people well. We spoke with one team leader who was in the process of updating a care plan and saw this clearly identified the persons support needs.

Staff were knowledgeable about people who sometimes acted in a way staff could find difficult to manage. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. This meant staff had access to personalised guidance to best meet individual's needs and help keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to help ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff if appropriate. For example, break away techniques and safer working positions. Common triggers, such as certain topics of conversation, were highlighted and positive actions that had been successful in de-escalating situations were shared to help enable learning to take place.

All of the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plans included details of their preferences in relation to how their care should be provided. For example, one person's care plan provided staff with clear detailed instructions on how they wished to have their food prepared. It stated; 'Please put kettle on and prepare a cup of tea reasonably strong with no sugar. Please bring it to me on one of the small grey trays.' This showed that the care plan was specific to the person's individual needs.

People's care plans were developed from information provided by the commissioners of care and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan. The interim care plan was reviewed a few weeks later in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to help ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person, or their representative to formally record their consent to the care as described.

Each care plan included specific objectives that had been developed collaboratively with the person in need of support. For example, for people who had several visits in a day, a care plan was written for that time

period. So one was written for the person's morning routine, the next for lunch and the last one for the evening routine. They specified, not only what caring interventions were needed, but if household tasks were also needed to be completed and by who. For example, the person may need assistance from care staff to encourage them to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. A relative told us this helped their spouse as care staff could then talk about common interests which distracted them whilst particular personal care tasks were undertaken.

As Bluebird Care provided three types of support, domestic, twenty four hour care and live in care, the registered manager was reviewing the layout of each of the care plans in line with the service provided. This meant that care plans that had twenty four hour support would be more comprehensive as it needed to cover the persons care needs over a longer period of time, than a care plan for domestic support. This was welcomed by care staff.

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were signed by staff and our comparison of these records with the agreed timing of visits between commissioners and people, found that information recorded was accurate. Daily care records were regularly returned to the service's offices and appropriately audited.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. For example care plans gave the person choices in how to spend their time so that if the person did not wish to go out, then care staff could remain with the person and spend time with them. The daily records gave an account of how time was spent with the person and how the person responded to the differing activities both in and out of their home.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint. Some said they had raised a 'niggle' and when they did the managers were happy to listen and addressed their worry.

Bluebird Care regularly received compliments and thank you cards from people who used the service and their relatives. One recently received card read, "I would like to say a big thank you. You have always been so kind and helpful in difficult situations" and 'I can't praise you girls (care staff) enough.'

Is the service well-led?

Our findings

People and their relatives told us of the consistent high standards of care and support they received from Bluebird Care. People said; "I can't talk highly enough about them, I would recommend them," "Nothing to improve" and "I wouldn't change them."

Relatives were positive about the support their family member received, as well as the support they received from Bluebird Care. Some comments included; "They are very good, they listen." "Communication is very good, I can phone anytime and they will always listen and help me." People and relatives were also complimentary about the directors and registered manager and felt that they were approachable and they could speak with them at any time.

The provider placed people at the heart of the service. Their values were based on the customer coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff told us they learnt about these values during their induction. Staff consistently demonstrated their understanding and application of the values in their work with people during the inspection. People told us they were treated with dignity and respect at all times. In addition to their values the provider had a customer service promise which outlined what people should expect to receive from them in terms of quality of care and service.

People, relatives and staff told us they were involved in developing and running the service. Their views were sought out and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered manager told us it was "imperative" to get views from people, relatives and staff in how the service was run so that any areas for improvement would be identified and considered to enable the service to continually improve. For example, Bluebird Care had introduced a process for people and relatives to become more involved in the recruitment of new staff who would be working with them.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us; "It's a fantastic place to work. I think we are a really good team." The service's commitment to ensuring people's care needs were met was demonstrated by the service's response to a person's health needs changing, as outlined in the caring section of this report. This demonstrated how the service's caring and proactive approach ensured people received effective care in a timely manner.

Bluebird Care management provided care and support to their work force. We heard of numerous examples from care staff where the management team had provided them with support through periods of personal difficulties such as illness and changing family circumstances. For example, Bluebird Care management team had supported staff with financial loans when in difficulty.

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much

as possible. They had, with staff permission, introduced a support network for some workers who had experienced similar changes of personal circumstances. They held events to raise money for particular charities that had a personal meaning to particular staff. Staff told us that the directors and registered manager were; "Always ready to listen, support me and do as we do to our customers, - care." They had also introduced a closed group on social media for sharing ideas and gaining support. This demonstrated the management team's commitment to supporting their staff to help ensure they were equipped to provide the highest quality care.

The management team wanted to show the staff how much they valued and appreciated their work and had introduced some new initiatives. For example they introduced a 'carer of the month' and 'carer of the year' award. Care staff nominated a colleague who received a 'thank you and gift'. To demonstrate appreciation of long standing staff, they introduced at annual appraisal a financial 'gift' that increased with each year's service. A yearly bonus was paid to staff who had taken no sickness in a year. The management team felt that staff turnover had further improved and they believed this was because they respected their staff and valued their skills and commitment to their work. Staff were motivated by the initiatives that had been brought in and felt that their work was appreciated by the management team.

Staff told us the management team were approachable and they felt well supported by their line managers. A staff member told us, "The reason I stay is because we have good managers and good directors." Staff said they had sufficient time to complete their home visits and also time to travel between people's homes. Staff felt supported by the on call system which meant staff and people could access advice and support at any time. One commented, "The managers are always available and approachable. I love the company I would not want to work anywhere else. They value their staff."

Staff meetings were held regularly. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented; "They take very good care of customers and staff." Another said; "I love working here. It's a great team."

People told us managers regularly completed "unexpected" spot checks on their care staff. People and relatives were pleased that these occurred so that the management team could check that the care provided was good. One relative told us; "Sometimes the team leader comes as the second carer but really she is observing the carer to make sure she is doing her job correctly. I'm pleased these checks are being made." Staff were always welcoming of the 'spot checks' and saw these as an opportunity to gain feedback on their performance, and to raise any queries.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider and manager showed effective leadership. People told us the service was well organised and managed. Their comments included; "I know the directors and manager, I can phone them if I need to" and "I think it's very well managed". Staff reported the registered manager, registered provider care supervisors and team leaders were; "understanding", "approachable", "motivating" and, "really good." Staff felt that, as the registered manager and team leaders still undertook care visits in the community themselves, this gave them a better understanding of their role and how they needed support, for example phoning them after a difficult visit to check how they were.

The registered providers, registered manager, care supervisors and team leaders had a strong and positive working relationship and recognised each other's strengths. The organisation received support from their director, finance manager and administrator to help with the running of the organisation. Training was provided to everyone, which meant they were able to keep up to date with developments in the field.

The provider told us staff had become 'Dementia Friends' and had been committee members for the Truro branch of Dementia Friends for the last year. The service was working as part of the local community to promote best practice for people who experienced dementia.

The management team at Bluebird Care also had a role in promoting the importance and value of social care locally. They held stalls at local events promoting 'Care at Home' and 'Careers in care'. They had also held sponsored events within the service, such as cake baking, holding the 'World's Largest Coffee Morning', and Support for Carers fundraising events. Any money raised from these events was donated to local charities. This promoted Bluebird Care as well as giving support to other local causes in the community. By highlighting the value of social care for people the provider was challenging negative perceptions and demonstrating its value for people in supporting them to live well independently.

The provider was continually striving to improve the service. They had identified, purchased and implemented an innovative electronic care recording system to enable them to deliver a high quality service to people which they were piloting in the domestic care services. Staff had been supported through the introduction of the new system and they had received training and support to ensure they were competent and felt able to use it. The new care planning and recording system was entirely electronic and enabled all staff to have immediate access to information input about people's care on smart phones supplied by the provider. Staff had to enter on the system the care they had provided for the person and if an aspect of their care was not delivered. Initially this showed as an alert to the care assistant if they were to try to leave without delivering the care and then an alert would be raised with the office for them to follow up. People's care was being monitored 'live' rather than issues with their care delivery not being identified until care staff raised it or their care notes were returned to the office. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them for the person. The innovative and effective use of technology had impacted upon the responsiveness of the service in being able to monitor people's care delivery almost, 'As it happened' and to identify and address any issues for people's care very quickly. The system was an innovative way of ensuring staff were kept up to date with changes to people's care.

There were systems in place to monitor the quality of the service provided to people. People had been asked for their views on the service via a questionnaire. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. In addition surveys were completed to gather feedback on people's initial experiences of care and to discuss any changes the person would like to their care plan.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the findings of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

People told us the service always responded promptly to any questions or enquiries they made. People said; "There is always someone available. I have left messages, they always phone me back quickly" and, "I have the office telephone number. Someone always answers". Bluebird Care had effective systems in place for ensuring information reported to office staff was acted on appropriately. All information reported to the office was recorded on the service's care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.

The provider met with other Bluebird care franchisees in the south west region every quarter. They also attended six monthly meetings nationally. This allowed the opportunity to discuss current practice and share ideas on how to continually improve the service.

