iCAPS Enterprises Limited

Bluebird Care Ferndown

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 19 June and was announced. The inspection continued on 21 June 2018 and was announced.

Bluebird Care Ferndown provides domiciliary support services and 24 hour care to people in their own homes. The agency provides care and support to older people and people diagnosed with dementia. At the time of our inspection there were 53 people receiving personal care from the service. There was a central office base in Ferndown.

Not everyone using Bluebird Care Ferndown received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Risk assessments formed part of people's care and support plans however risk management systems were not always clearly written, some measures were not always reflected to reduce the risk to people.

People's care and support plans were not personalised and did not give staff a clear picture of how to support people to meet their assessed needs or reflect their preferences. Care plans did not fully reflect people's preferred support needs in relation to information being made accessible to them or how best to support them with communication. Although Bluebird Care Ferndown does not have publicly funded people using their service and doesn't need to meet the Accessible Information Standard (AIS), they are using it as a model to improve reasonable adjustments for people who have information and communication needs.

Although the service had quality monitoring systems in place these were not always robust or effective. The audit tools used did not allow the auditors to add details or actions required to improve where necessary.

The registered manager accepted that improvements were needed and following the inspection provided us with an action plan detailing areas of improvement and actions they were taking to drive this.

People and staff told us that they felt the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular training as well as training specific to their roles for example, nutrition and dementia.

Staff received regular supervisions and annual appraisals which were carried out by the registered manager.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Consent to care was sought and people's capacity was assessed when necessary and best interest decisions made as appropriate.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this.

People were supported to access healthcare services. We were told that health professionals visit people in their homes and that on occasions staff would support people to outpatient appointments.

People told us that staff were caring. During home visits we observed positive interactions between the staff and people. People said they felt comfortable with staff supporting them. People said that staff treated them in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs although these were not clearly recorded in people's plans. This meant that people were supported by staff who knew them well.

Bluebird Care Ferndown were committed to community engagement and were able to show us how they had taken part in local fundraising and raising awareness events.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these. We saw that these were regularly reviewed.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they are receiving and if they would like any changes made during people's regular review meetings.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. Compliments were also recorded by the service.

Staff, people and families told us that they thought the management was good at Bluebird Care Ferndown. We found that the management team promoted an open working environment and was flexible.

Staff were acknowledged by the registered manager and directors for their hard work and commitment in their jobs. Staff told us this made them feel valued. A professional told us that they would recommend the service based on customer 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 mostly safe.

Staff understood people's risks however risk assessments were not always clearly written.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

The service leant from mistakes through reflective learning which was shared with staff.

People were safe because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was effective. Staff understood the principles of decision making and consent to care was sought appropriately.

Staff received comprehensive training to give them the skills they required to carry out their roles.

People were supported to maintain healthy balanced diets.

Staff worked with external professionals and people were supported to access health care services.

Is the service caring?

Good

The service was caring.

Staff delivered care that demonstrated true passion and commitment to the people they were supporting.

Compliments written to the service from relatives reflected kind and tender care delivered to their loved ones.

Staff had a good understanding of the people they cared for, promoted independence and supported them in decisions about how they would like to live their lives.

People were supported by staff that respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care and support plans were not personalised and did not give staff a clear picture of how best to support people.

Care plans did not fully reflect people's preferred support needs in relation to information being made accessible to them or how best to support them with communication.

People were supported by staff that recognised and responded to their changing needs.

There were systems in place for people, relatives and stakeholders to feedback to the service.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although the service had quality monitoring systems in place these were not always robust or effective. The audit tools used did not allow the auditors to add details or actions required to improve where necessary.

Relatives, professionals and staff spoke highly about the service.

The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The service was committed to community engagement and were able to show us how they had taken part in local fundraising and

raising awareness events.

Management delivered support hours to people as and when required.

Bluebird Care Ferndown

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.

The inspection took place on 19 June and was announced. The inspection continued on 21 June 2018 and was also announced. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited and that consent could be sought from people to receive home visits from the inspector. The inspection was carried out by two inspectors on day one and a single inspector on day two.

This was the first inspection of this location. Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was gathered during the inspection.

We visited five people in their own homes and discussed the delivery of care with each of these people, two family members and one friend. We had telephone conversations with three health and social care professionals.

We met with the registered manager, the operations director and the nominated individual. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation. We spoke with four staff (the provider refers to these as care professionals).

We reviewed seven people's care files, policies, risk assessments, complaints, quality audits and the 2018 quality survey results. We looked at three staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

We asked the registered manager to send us information after the visit. This included policies. The registered manager agreed to submit this by Friday 22 June 2018 and did so.

Good

Is the service safe?

Our findings

Risk assessments formed part of people's care and support plans however risk management systems were not always clearly written, some measures were not always reflected to reduce the risk to people. For example, risk assessments for people who were diabetic had sugar levels listed as indicators and told staff support people to check their blood sugar levels and to call 999 if people's levels dropped to a certain level. The risk assessments did not highlight signs staff should look for and preventative measures staff should take should sugar levels begin to drop. We asked staff what signs they may look out for and what actions they may take. One staff member said, "One person's lips go dry, their saliva thickens and they may become lethargic. I would support the people to have a sugary drink and or snack and stay with the person until their levels improved. If they didn't I would call 999". Other staff were able to tell us similar signs and actions they would take which weren't reflected in risk assessments. We discussed this with the registered manager and operations director who told us that everyone's risk assessments would be reviewed and preventative measures would be clearer and assessments more detailed.

The provider had a Business Continuity Plan in place. Its aim was to provide a reference tool for staff to follow in response to an emergency or incident that may disrupt normal activities. Situations may include; loss of staff, public transport shut down, severe weather conditions. Contingency risk assessments were completed and emergency contact details available for staff to follow and use as and when required. The registered manager told us that this plan was put into practice earlier this year during the extreme weather. We were told that people's support visits were prioritised using a red amber and green code. This enabled everyone who received personal care to be seen and those who may have been receiving domestic support had visits moved to the following day. Each person had been contacted and informed of decisions made. We were told that no complaints were received in response to this. One person told us, "Staff went out there way to keep me safe during the snow earlier this year". The registered manager had completed a reflective learning account following this and was able to identify things that had worked well and anything that may need improving. This then enabled them to learn and review the plan effectively.

People, relatives and professionals told us that they felt the service was safe. A person said, "I feel safe and have full trust in staff". Another person told us, "Staff make me feel safe". A relative said, "I have no concerns about my loved ones welfare. They seem happy around the staff". A social care professional told us, "I feel the service is safe and find them very good".

A staff member told us, "We deliver safe care to people. There is an on call system 24/7 which is so useful and a real safety net if we need advice or support". Other staff said that the service was safe because staff were well trained, regular quality checks took place and care plans were in place.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. Staff kept personal protective equipment (PPE) such as hand gel, disposable aprons and gloves in their cars and were able to pick up new supplies from the office when required. Throughout our visits to people's homes we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the service. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns relating to Bluebird Ferndown and would like to think they would be transparent". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns and near misses. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. The registered manager told us that they were going to cover incident and accident reports in the next staff meeting as a general refresher.

Staff, people and relatives told us that they felt there were enough staff to deliver support hours to people and meet their needs as set in people's care plans. We were told that there had been no missed visits. A person told us, "I've never had to do without care and they [staff] always make sure I have everything I need before they go. I also receive a rota from the office, usually by Saturday for the week ahead". Another person said, "I think there are enough staff. I have never been let down".

The registered manager told us that they did not take on too many new care packages at a time and ensured that there were enough staff in place first. A social care professional told us, "We always check with them to confirm they have staff availability before they agree to take on new packages. This works well for all parties".

We reviewed three staff files and found that recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the service. Checks included references, identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the application forms, these gaps were explored and documented as part of the recruitment process.

There were robust systems in place to ensure proper and safe use of medicines. Medicines were stored in people's homes and recorded accurately. Medicines were signed on an online Medicine Administration Record (MAR) and these indicated that medicines had been given as prescribed. The registered manager told us that these were regularly checked and that if staff did not administer a person's medicines an alert would be sent to the manager's online system alerting them of this. Staff were required to complete medication e-learning and classroom training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff told us they were aware of. During our home visits we observed a staff member administer a person's medicine. The staff member followed the local policy and completed the on line MAR sheet.

Good

Is the service effective?

Our findings

Bluebird Care Ferndown used an on line system. This provided the staff with all the relevant information they required and monitored the care and support delivered to people by staff. Each staff member had a smart phone which allowed them access to the system. On arrival to people's homes staff would log in and scan a quick response code which would give them access to the persons file and tasks which needed to be completed during the visit. As tasks were completed staff would confirm completion and write notes. If tasks were not completed and no reason given for example refused an alert would be sent to the office for management to follow up.

However, if care tasks were not completed and a reason given the office was not made aware of these. The registered manager told us that the system should alert managers to incomplete tasks regardless of whether reasons were recorded or not. The registered manager looked into this and found that a mandatory tick box which was to send alerts for 'missed tasks with reason' on each person's online record had been unticked. By the end of day two the registered manager confirmed that this box had been ticked under each task on everyone's online system and an investigation was underway as to how and why these mandatory boxes had been unticked.

During a visit to a person's home we noted that they hadn't been supported to have a shower for seven consecutive days. This had not been flagged up via the system to the management for follow up because a reason had been recorded on the system. The registered manager told us they would meet with the person and determine how best they can support them going forwards based on the persons preference. The registered manager said that this maybe that they wish to have a shower at a different time or by a particular gender which would be fine. This demonstrated a positive responsive approach by the registered manager.

We were told that communications and updates could also be sent to individual and/or all staff via the system. In addition to this we noted that family members could also be given log in details to review and check if their family member's needs had been met.

Assessments had been completed before people started to receive a service and this information had been used to form their care and support plan. The assessments contained information about people's assessed needs and the support people required. People and their families were involved in discussions about their care needs during these assessments and had their life choices respected. A professional told us, "The management gather the information they require regarding people's needs and we feel that assessments are thorough". Technology and equipment was available that increased people's independence and safety. Examples included sensory alarm mats for people at risk of falls and hoists for assisting with transferring people. Health and social care professionals told us that families had fed back positively to them about Bluebird Care Ferndowns assessment process. One professional said, "People have said to us how positive assessments are. Families are also very positive and praising about the assessment process".

New staff completed an induction which included a number of shadow shifts, completion of mandatory

organisational training and the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

The registered manager told us that new staff complete a 12 week probation period and receive weekly supervisions and spot checks during their support visits. This ensured that staff felt supported and were able to gain the skills and knowledge required to fulfil their roles. A staff member told us, "I had a good induction. I did a mix of shadow work which was really helpful. It allowed me to get to know people and learn from experienced staff. I was also shown the on line system, met with the manager, completed training and supported experienced staff with care tasks. I felt happy with the support I received and this gave me confidence".

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as first aid, manual handling, the Mental Capacity Act and safeguarding adults. We noted that staff were offered training specific to the people they supported for example dementia and nutrition and diet. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. A person told us, "Staff come across competent and well trained". A staff member said, "I am offered enough training to do my job. The best thing are the spot checks as we can receive feedback on our practice which is most helpful. I am currently completing my care certificate". This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively and staff had opportunities for professional development.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. A staff member said, "We have regular supervision. These are very useful, management feedback to us, we can share our experiences, discuss what may be working and what may not be and we can look at our learning and development needs".

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. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were aware of the Mental Capacity Act and worked within the principles of this. We found that consent to care was sought. People's care and support plans were signed by the person receiving care or next of kin where necessary. There were records of people's lasting power of attorney (LPA) for health and welfare on file. A LPA for health and welfare gives one or more trusted persons the legal power to make decisions about people if they lose capacity. A relative told us, "Me and my sister share LPA for our loved one and we are involved in any decisions regarding their care and finances". Capacity assessment and best interest's decision paperwork was available and had formed part of people's care plans where appropriate.

People were supported to eat and drink enough whilst maintaining healthy balanced diets. Nutrition and hydration assessments formed part of peoples care and support plans which detailed people's likes, dislikes and allergies. They gave staff guidance on how to support people to eat in their preferred ways. We observed staff preparing a person breakfast and supporting another person to make lunch. One person told a staff member what they wished to eat for dinner that evening. The staff member got the food out of the person's freezer and wrote a note for the staff supporting the person that evening so that they knew.

People were supported to access healthcare services as and when required and staff followed professional's

advice when supporting people with ongoing care needs. A staff member told us, "Health care professionals visit people in their homes. We record these visits". A person said, "I visited the audiologist today".

Good

Is the service caring?

Our findings

There was a strong, visible, person centred culture established across Bluebird Care Ferndown. Staff and management spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter and affection between people and the staff supporting them. One person said, "The care is quite excellent. I really mean that. Staff are lovely". Another person told us, "Staff are very good. Kind nice people. The staff are friendly and I like their company". A relative said, "Staff always come across professional, kind, caring and polite".

We found that compliments were recorded. We noted that a relative had written, "I would like to take this opportunity to let you know that your professional caring team looked after my loved one well. I would especially like to thank [staff member name] who was excellent and throughout was very caring, very professional and very diligent". Another family had written, "Bluebird Ferndown were wonderful throughout. [staff member name] was outstanding in her dealing with my loved one".

Staff worked in partnership with people and provided the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence. A person said, "I am fiercely independent and staff respect this. I have often done tasks they should before they come". Another person said, "Staff help me do things for myself". Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I encourage people to do things for themselves which promotes their independence. For example, dressing, making food and walking". Another staff member said, "I respect people's rights and encourage them to make their own decisions and respect these. I always put people in the centre of their care".

People's cultural and spiritual needs were respected and reflected in people's care and support plans. One person told us, "I am a lifelong Methodist and attend services. Staff support me with this and respect my beliefs".

People's privacy was respected by staff. Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it. People's individual records were kept securely in locked cabinets in the central office and on an internal online care system which required individual usernames and passwords. We were told that staff were required to change their passwords regularly. This ensured sensitive information was kept confidential.

People and relatives told us that staff were polite and treated people in a respectful and dignified manner. A person said, "Staff always respect my privacy when delivering personal care". The operations director told us, "We believe in people, they are individuals, unique in themselves and we respect that".

Requires Improvement

Is the service responsive?

Our findings

People's care and support plans were not personalised and did not give staff a clear picture of how to support people to meet their assessed needs or reflect their preferences. For example, tasks for staff to complete during home visits were recorded in people's plans but guidance on how staff should achieve these were not always clear. We read one person's care plan for continence care, the only information it had for staff was to check if the person's pad needed changing. There was no guidance for staff on how to complete this. Under personal care it told staff to support the person to have a full body wash every morning however, again no guidance was recorded for staff to follow. One person told us that their independence was very important to them however their care plan told staff to do tasks for the person rather than support and enable the person to do task for themselves. We also found that people's likes, interests and hobbies were not always reflected in people's plans. Each person had a 'what is important to me' document. We saw that under the section 'social activities, hobbies and things they like to do', one person's stated; 'none as the person does not like to go out'. We then read that this person received social visits every other week and liked to get their hair and nails done, go for walks and visit the local garden centre. Staff confirmed that the person was supported with this.

We discussed people's interests, hobbies and support needs with staff. One staff member said, "[person's name] likes to go out walking. They use their stick and likes to link arms. The person told me this it wasn't in their care plan". They went onto say, "Care plans don't always give me the full picture of the people we are supporting. We communicate with each other and the people; this tells us how best to support them". Another staff member said, "Care plans don't detail people's interests or history which I think would be very useful especially for new staff". We discussed this with the registered manager, operations director and nominated individual who all acknowledged these findings. The registered manager said, "We know it and so do the staff we need to reflect these in the people's plans". The nominated individual told us, "We need to close these gaps quickly". The registered manager said that everyone's care plan will be reviewed with them and their families. On day two of our inspection the registered manager showed us that they had visited one person the day before and re-written their plan with them. This was more detailed and gave staff clear guidelines and information about the person and how they wished to be supported. We were told that this would be a bench mark for all care plans going forwards.

We reviewed people's assessed communication needs and identified that some people had hearing loss and that one person was registered blind. Care plans did not fully reflect people's preferred support needs in relation to information being made accessible to them or how best to support them with communication. For example one person told us that they required staff support to put their hearing aids in however this was not recorded in their care plan. A staff member said, "[person's name] has hearing aids and we help them put the aids in. I learnt this because the person asked me to help. It wasn't in the care plan that this support was required". Another person told us that they wore hearing aids and needed staff to speak loudly and clearly so that they could understand what was being said to them. This was not reflected in their care plan. Information was not readily available in relation to communication needs for other services for example, hospital admission should they require support. Although Bluebird Care Ferndown does not have publicly funded people using their service and doesn't need to meet the Accessible Information Standard (AIS), they

are using it as a model to improve reasonable adjustments for people who have information and communication needs. The AIS aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Care reviews took place with input from people and their families. A person said, "I am involved in my reviews and the registered manager will come to my house for these". The nominated individual said that following feedback they had received regarding people's care plans they were in the process of setting up pre review 1:1's with staff before reviews took place with people. The nominated individual said that this would then enable the service to ensure they had the most up to date information on how the people were being supported, their likes, interests and hobbies prior to reviews.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There were no open complaints at the time of this inspection. The registered manager told us they were open to complaints and said, "Complaints mean we learn and are able to look at why and what can be done differently". People and staff said that they would feel able to raise any concerns they might have. A person told us, "I have no concerns or anything I wish to complain about but would feel happy to speak to staff or the manager should I need to".

The registered manager told us that they had just trained as a trainer for a domiciliary care end of life framework. They said that they had a passion for end of life care and supporting people to stay in their homes should they wish to. The registered manager was in the process of creating end of life plans with people and understanding people's wishes and preferences. We were told that the registered manager would be rolling out this training to their staff in the coming months. The operations director told us, "It's all about respecting and understanding people's end of life preferences". The registered manager said, "We want to support people all the way to end of life".

Requires Improvement

Is the service well-led?

Our findings

Although the service had quality monitoring systems in place these were not always robust or effective. Audits covered areas such as medicines, staff files and care plans. We were told that an internal quality team auditor visited the service annually to complete an audit and provided a report. We reviewed the last audit and found that the audit had not identified shortfalls in the care plans. The audit tools used did not allow the auditors to add details or actions required to improve where necessary. For example four people's care plans had been reviewed and recorded as compliant however, detail around preferences, interests and guidance to support staff achieve people's desired outcomes had not been reflected.

The registered manager told us, "Detail has been missed because the current tool is more tick box and no actions can be listed. Going forwards we need them to be care plan specific and ensure they cover the delivery of care". Following our inspection the registered manager submitted an action plan of areas of improvement following initial feedback during the inspection. This action plan reflected areas identified during the inspection and confirmed that actions had either been taken or were in progress of driving improvements.

The registered manager sent the operations director and nominated individual key performance data on a weekly basis. This included vacancies, support hours, numbers of reviews and supervisions completed and complaints. However we were told that quality monitoring and audits of the service were not always shared with them. This meant that the senior team did not always have a robust oversight of practice and care delivery by the service. The nominated individual said that going forwards all audits would be sent to them and the operations director and findings discussed with the registered manager.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Staff, people and families told us that they thought the service and management was good at Bluebird Care Ferndown. We were informed that the registered manager and directors promoted an open working environment and were flexible. We observed staff popping into the office during the inspection. The registered manager took time to talk to the staff who appeared relaxed and comfortable around them. A staff member told us, "The registered manager is brilliant. They reply quickly to queries we have. They are approachable. Lovely and a good leader". They went onto say, "The whole management team is strong and I feel recognised for the work I do". Another staff member said, "The registered manager is very nice and supportive. They think about people a lot and are very caring and people focused". This staff member went onto say, "The registered manager is firm but very fair. A very balanced professional who shares their experience well with us". A relative said, "We have never had a problem with the manager they seem really good". A professional mentioned that that the management came across professional and knowledgeable.

A positive and inclusive culture was well embedded within the service. Staff were acknowledged for the hard work through a carer of the month and year award schemes. We saw that they received a certificate, flowers and chocolates. Staff told us that this helped them feel appreciated and kept positive team morale.

Bluebird Care Ferndown were committed to community engagement and were able to show us how they had taken part in local fundraising and raising awareness events. For example, the registered manager told us that they had been working with a local care home with an idea to bring people they support into the care home to meet others and participate in activities should they wish to. The registered manager said, "People tell us they are lonely, we want to find ways to involve them in their community and socialise with others". We also found that the service was arranging a community engagement event. They had invited other agencies who provide support to older people and those with dementia. The idea was to support people they provide services to attend raise their awareness and let them know about other services and agencies available to them. The management team were very proud of the service and had real passion to being actively involved in the community.

Staff meetings took place regularly and staff told us they found these useful. We reviewed the last meeting notes which clearly logged discussions, actions and who was responsible to complete action points.

The service worked positively in partnership with other organisations to provide positive outcomes for people. A professional told us, "They work in partnership with us positively. They keep us up to date and informed". Another professional said, "I would recommend Bluebird Care Ferndown based on customer service".

We found that the registered manager, directors and office staff all had good knowledge in their roles and were open to learning and further developing the service. The management at Bluebird Care Ferndown were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The service had made statutory notifications to CQC as required. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.