

# Mason Thomas Limited

# Bluebird Care

# (Peterborough & Rutland)

## 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 (Peterborough & Rutland) is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia.

We inspected the service on 19, 20 and 21 February and 6 March 2018. The inspection was announced. At the time of our inspection 85 people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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.

At our last inspection in January 2015 we rated the service as Good. At this inspection we were pleased to find that the quality of the service had improved and the service is now rated as Outstanding.

The directors of the company that owned the service were actively involved in day-to-day operations and provided strong and principled leadership to their team. The directors and the registered manager had a very open and accessible approach and had created an extremely positive and caring organisational culture. As a result, people were supported with exceptional kindness and compassion in ways which often went far beyond formal contractual requirements. People were treated with dignity and respect and were encouraged to retain their independence and exercise choice and control over their lives. End of life care was provided sensitively.

The directors and the registered manager also took a great interest in the welfare and happiness of their team and went to very considerable lengths to promote this. As a result, staff enjoyed coming to work and could think of no ways in which the running of the service could be improved.

The provider maintained a systematic and comprehensive approach to staff training, personal development and supervision. As a result, staff had the skills and knowledge required to provide safe, effective, person-centred care and had been commended by other healthcare professionals for their expertise. Staff understood each person's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives. Since our last inspection, the provider had invested in an innovative new electronic care planning and call monitoring system which had increased the safety of medicine administration and enhanced communication, enabling staff to respond more quickly and effectively to people's individual needs and wishes. People were closely involved in the development of their individual care plan and met with the provider on a regular basis to discuss and agree any changes.

The provider had a careful, conscientious approach to call scheduling which meant care calls were almost

always on time. The provider had responded to feedback from people who used the service and taken action to ensure people were supported by the same care staff on every call, wherever this was possible.

Led by the directors, there was a strong culture of innovation within the service. Since our last inspection, a number of successful initiatives had been introduced to enhance the person-centred nature of the service and further actions were in hand for the future. Systems were in place to identify organisational learning from significant incidents.

The provider assessed any potential risks to people and staff and put preventive measures in place to address them. Staff knew how to recognise and report any concerns to keep people safe from harm and were aware of people's rights under the Mental Capacity Act 2005. People who needed staff assistance to take their medicines were supported safely and staff worked closely with local healthcare services to ensure people had access to specialist support whenever this was required. Staff supported people to prepare food and drink of their choice.

Without exception, people told us how highly they thought of the service. People said they had no reason to complain but were confident that any complaint would be handled properly if they did. The provider maintained a range of auditing systems to monitor service delivery and ensure it remained in line with people's needs and preferences. The provider sought people's opinions through regular customer surveys and took action to address any suggestions for improvement that were received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service was very caring.

The provider was exceptionally caring and compassionate.

People were supported in ways that often went far beyond formal contractual requirements.

People were supported to have as much choice and control over their lives as possible.

People were treated with dignity and respect and their diverse needs were met.

Outstanding ☆

### Is the service responsive?

The service remains responsive.

Good ●

### Is the service well-led?

The service remains very well-led.

Outstanding ☆

# Bluebird Care (Peterborough & Rutland)

## **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. The inspection was planned to check whether the provider was 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 was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our inspector visited the administration office of the service on 20 February and 6 March 2018. On 19 and 21 February our expert by experience telephoned people who used the service to seek their views about how well it was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information shared by other organisations, including the local authority contracting and safeguarding teams.

During our inspection we spoke with 15 people who used the service, the registered manager, three care workers, two of the directors of the company that owns the service and two local healthcare professionals.

We looked at a range of documents and written records including two people's care plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

## Is the service safe?

### Our findings

People told us they felt safe and secure using the service. One person said, "I do feel safe with the staff here." Another person told us, "I do feel safe because [the staff] are all nice to me."

Staff told us how they ensured the safety of people who used the service. They had received training in this area and were clear about to whom they would report any concerns and were confident that any allegations of abuse would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to the relevant external organisations. Information on how to contact these organisations was also provided to people when they first started using the service.

The provider continued to maintain effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to nutrition and mobility. Each person's care record outlined the measures put in place to address any risks that had been identified. For example, staff had been provided with detailed guidance on how to help one person reduce the risk of pressure damage to their skin. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of changes in their needs. The provider also had 'business continuity' and other strategies in place to ensure people were supported safely, for instance during periods of extreme weather.

The provider had implemented a range of measures to help prevent the risk of infection. Care staff received food hygiene and hand-washing training and were provided with disposable aprons and gloves for use when providing intimate personal care. One of the directors of the company that owns the service attended the regular infection prevention and control workshop hosted by one of the local authorities which commissioned care from the service. She told us that this was a helpful source of additional information and advice about best practice approaches in this area.

Staff personnel files were extremely well-organised and maintained. We reviewed the provider's recruitment practice and saw that the necessary pre-employment checks had been completed correctly to ensure that any new recruits were suitable to work with the people who used the service.

Staffing levels were determined by the number of people using the service. In scheduling calls the provider took care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. One of the directors told us, "We turn down more business than we take on. We never take on a [new] customer without the [staffing] capacity [to meet their needs]." The registered manager added, "We have a 30 minute minimum call time. We would refuse [a request] for a 15 minute call. There is not time to deliver person-centred care, or even to say hello [in 15 minutes]." Reflecting this principled, conscientious approach, everyone we spoke with told us they were satisfied with the provider's call-scheduling arrangements. For example, one person said, "The staff are on time." Another person told us, "The staff do not rush me. I couldn't ask for more." Describing the opportunities they had for social interaction on each care call, one staff member said, "We have time to chat throughout [the call] and to sit down for a chat [at the end] while I fill out our paperwork. [We have] time to build a rapport, not just [do] the tasks." Describing the beneficial impact this had on their well-being and happiness, one person told us,

"They do [have time to sit and chat]. And that is better than [any] medication!"

The provider issued people with a weekly call schedule to inform them which staff would be attending each care call. The provider also took care to ensure people received support from the same members of staff, wherever this was possible. One of the directors told us, "This [has been] an area of absolute focus [in the last six months]. We monitor staffing continuity every week. The coordinator presents [the draft care call schedule for the coming week] to [the registered manager]. She sends it back [for further work] if the continuity [is too low]." Commenting positively on the provider's commitment to continuous improvement in this area one person said, "I [asked] if the number of different [staff] calling could be less, so we could get to know one another. It has changed and only three or four people are on the rota now."

The provider was committed to ensuring the safety of staff, many of whom worked largely on their own, often at night. Describing the provider's approach in this area, the registered manager told us, "[We have] done a lone risk assessment [on every client's property]. To identify any hazards such as the lack of external lighting. [The electronic call monitoring system] that staff use to tag in and tag out of each call [using their mobile phone] also allows us to know where they are." Discussing her personal commitment to supporting colleagues working on their own at night, a member of the provider's 24-hour on-call team told us, "If [a colleague] was worried about walking down a lane in the dark, they would ring on-call and [keep speaking] to us until they got [to the person's house safely]."

Many of the people who used the service made their own arrangements to order, store, administer and dispose of their medicines. But where people needed staff support, this continued to be provided safely in line with good practice and national guidance. Since our last inspection, to further enhance the safety and effectiveness of medicines management in the service, the provider had introduced a new on-line medicine administration record (MAR) to be used by staff whenever they supported someone to take their medicines. Staff accessed the MAR through their mobile phone and were unable to leave the care call if it had not been fully completed. An office-based member of staff had responsibility for ensuring the MARs remained up-to-date and, because the system was on-line, any changes could be made instantly. Describing the benefits of this innovative new approach, one staff member told us, "It's such a great system. [On the MAR] you have a list of each individual [medicine] and [because] it is on the phone you can't forget to complete it. When I was with one person [recently] I noticed the painkiller [they were taking] was different from the one [on the MAR]. I rang the office and they were able to update the system for the next member of staff [visiting the person]. It's fabulous really." Another member of staff said, "With medicines you record on your mobile phone when it's taken. The next member of staff can see the exact time given. For instance with paracetamol [this means] they know when to give the next one [to ensure the correct time gap between doses]." New care staff received medicines training as part of their induction and all staff received regular refresher training and competency checks to ensure their practice remained safe and up-to-date. Describing the rigorous approach she took to assessing her colleagues' competence in this area, one senior member of staff told us, "I wouldn't hesitate to flag anything up. We can't cut corners with medicines. It's [people's] lives we are dealing with."

The provider had a systematic approach to reviewing any significant incidents which occurred in the service to identify if there were lessons that could be learned for the future. For instance, following a recent incident which had been considered under local adult safeguarding procedures, senior staff had conducted a very detailed analysis of the case and implemented a range of measures to reduce the risk of something similar happening again. Discussing the provider's response to the discrepancy on the MAR chart described above, the staff member who had spotted this told us, "They were very thankful I had picked it up and sent out an email to all staff to remind us to double check [that] what is in the blister pack and on our system [are the same]." Another staff member said, "We do get regular emails and reminders sent out about checking and



reading things properly. No names are mentioned."

## Is the service effective?

### Our findings

Describing the provider's commitment to prioritising staff training and development as the cornerstone of an effective service, one of the directors told us, "It's our biggest principle. Care is a profession. We are very fussy in our recruitment process [and] turn a lot of people down. We look for [staff] who see it as a vocation and ... invest in them to make them the best they can be." The registered manager added, "If we upskill our staff [this] will pass on [benefits] to our customers."

Reflecting this ethos, every new member of the care staff team participated in an extremely comprehensive twelve week induction programme. In their first week, staff were based in the service office and received initial training in a wide range of subjects. This was followed by a week of working alongside experienced colleagues to deliver hands on care. In an imaginative reworking of this phase of the induction process, the new staff member spent the first three days shadowing colleagues, watching and assisting them deliver care. Roles were then reversed and for the next two days the new staff member was observed by the colleagues they had previously been shadowing. Commenting positively on their own induction and the provider's innovative approach to 'reverse shadowing', one recently recruited member of the care staff team told us, "[My induction] was very thorough. I had a week in the office .. doing all sorts. Medication, safeguarding, moving and handling. I [practised] using hoists [and other] equipment. I [then] did three days shadowing. Then I did the calls [whilst being observed]. They picked up on anything straightaway. It's a really good idea... that sort of induction. It's very beneficial... I feel as if I have been inducted thoroughly. With other companies [I have worked for] I was just thrown in at the deep end."

During the second week of the induction process, the provider organised each new employee's shadow shifts to enable them to meet the people that they would be supporting when they started working on their own. Describing the positive benefits of this approach, one staff member told us, "[When I went on to the] roster I was going back to people I had already met. It helped in building a rapport with them." Another staff member said, "When I was shadowing I [met] the customers that I would be working with [once I was deployed on the roster]. I got to know them [more quickly]. It is quite daunting [for the customer] to have a new person. It is nice if they get [someone they have already met]."

Following the two week programme of initial training and shadowing, new care staff remained in induction for a further 10 weeks during which they completed the national Care Certificate which sets out common induction standards for social care staff. During this period senior staff maintained weekly contact with each new starter via telephone supervisions, a 'spot check' to observe their practice in delivering care, a medicine competency observation and face to face meetings with the registered manager. Describing the meeting she conducted with each new starter at the end of the induction process, the registered manager told us, "At the end of week 12 we talk about where they are and what (training) they'd like to do next. [I might suggest we put them] forward for NVQs [or] specialist courses for dementia, diabetes or end of life care if [that is what is] of interest to them. Anything that will upskill them and give them more confidence."

Describing the provider's ongoing commitment to staff following the completion of their induction, one of the directors told us, "Our objective is to make their [future learning and development] absolutely person-

centred for the individual. To facilitate them through their career journey." To this end, the provider arranged a wide variety of internal and external training courses to meet staff members' individual needs. This included a rolling programme of annual refresher training in areas including food hygiene, moving and handling and infection control. Commenting approvingly on the provider's rigorous approach to ensuring staff kept up to date with this mandatory training, one staff member said, "You are contacted if you go a day over [the due date]." Any training course fees were paid by the provider and staff were paid their full hourly rate to complete annual refresher training, rather than being expected to do this in their own time.

Staff were also encouraged to study for NVQ qualifications in care and the provider sourced a range of advanced training courses from specialist providers to meet specific needs. For example, one of the directors said, "[Name of staff member] was providing end of life care [so] we [sourced training for her] from [a local hospice] which specialises in that area. [Another group of staff] had individual training [in the use of a particular medical device] from a [specialist] nurse to ensure they knew how [name of client] liked it to be done." Describing another specialist training opportunity she had offered recently to staff in the service, the registered manager told us, "I sent out to all the carers recently ... a dementia course from the University of Tasmania. It's a nine week online course rated in the top 50 in the world. Me and some other staff have signed up."

Every member of staff we spoke with told us how much they valued the significant investment the provider had made in their training and future career development. For example, one relatively new member of staff said, "I am really happy with the training [and] the support I have had since I walked through the door. [The registered manager] has told me I could do NVQ 4 which is fabulous. I think what this company do [for new staff] is really good. I feel really proud to be part of Bluebird." Another staff member told us, "The training is really good. Refreshers are quite regular and jog my memory. I am doing NVQ 3 at the moment. They encouraged me to do it. [And] we get opportunities to go on special courses. The latest one is about dementia. An email came out." Commenting appreciatively about the training opportunities she had been given since she joined the service, another member of staff said, "I've done my NVQ 3. I never thought I'd have gone back to college! I am currently doing an online qualification in care planning. They are absolutely supportive of anything I need."

Reflecting the directors' philosophical commitment to caring as a profession, the provider also supported staff to develop their leadership skills and take on more senior roles within the service, if this was something they had an interest and aptitude in. One of the directors told us, "Our best [senior staff] are our home grown [and] we have really worked on [prioritising the] career journey in the last 12 months." As an example of this philosophy in action, the registered manager had joined the service as a member of the front line care team and had worked her way up through a succession of progressively more senior roles, culminating in her appointment as manager a few months before our inspection. The registered manager's career progression was clearly a source of inspiration and motivation to others. For example, one staff member said, "I can relate to [the registered manager] as she has worked her way up from the floor." Another member of staff told us, "[The registered manager] has inspired me. She has done very well [and] eventually I'd like to progress [myself]. They would give me a lot of encouragement. They like to boost people up." Talking about the support she had received to progress her career within the service, another member of staff said, "They have scheduled office days for me to [get experience] on the computer. They have put me on a 'train the trainer' course and I help out on induction [which] is something I never thought I would have achieved."

People we spoke with told us that staff had the right knowledge and skills to meet their needs effectively. For example one person said, "It is good quality care. I have been cared for extremely well." Comparing the service favourably with other services they had used in the past another person told us, "I have only used

two other homecare companies. I had to ... dismiss one of those. [But] this agency is very professional." Commenting on the skills and knowledge of the care team and the positive impact this had on people's health and welfare, a local healthcare professional told us, "We have worked together on some very complex cases where people have been able to stay at home rather than having to go into hospital. Particularly with people with dementia and communication difficulties, they have built trust with patients and their families. [They] are a breath of fresh air and better than other agencies I work with." Talking of the support the staff team had provided to one person in particular, another health care professional said, "They bent over backwards to support her. They have been perfect for this lady." Shortly before our inspection another local healthcare professional had contacted the service to commend one of the care staff who they had found to be, 'especially knowledgeable and skilled in her approach.'

Describing the particular importance of providing homecare staff with regular one-to-one supervision, one of the directors told us, "Our carers are lone workers. They need these touch points regularly." Reflecting this comment, the provider had implemented a systematic approach to ensure all staff had the supervision and support they required to provide people with effective care. As a result, all the staff we spoke with told us they felt extremely well supported and supervised by the registered manager and other senior staff. For example, describing the contact they had had with senior staff during their induction, one member of staff said, "I had meetings with [the registered manager] and my team leader. [They] also called me to see how things were going. The meeting with [the registered manager] was helpful. [I was] able to talk about how I feel. She was very encouraging." Another staff member told us, "I have regular supervision with [my team leader]. And an annual review with [the registered manager]. It gives you a bit of a boost. I think they are pleased with me!" Senior staff also conducted regular 'spot check' supervisions of each staff member whilst they were providing hands on care, including their administration of medicines and infection control practice. Commenting positively on her experience of this system, one staff member said, "[Name] did my last one at a customer's house. It's good. Making sure you are doing your job properly." Another staff member told us, "The senior or the team leader meet you on your call and check with the client [that is okay] to do a spot check. It's good. [Every] company needs to be doing it to make sure the carer is giving the right care [and] doing everything correctly."

In addition to their training, staff had access to a variety of other information sources to ensure they remained up to date with any changes to good practice guidance and legislative requirements. For example, the provider had recently introduced an online information resource which staff told us was extremely helpful to them in their work. One staff member said, "It tells you loads of things. [For instance], guidance on continence care. You can go straight in [and] it has all the information I need if I have a blank moment." The provider was a member of a national homecare organisation which the registered manager told us was a further helpful source of advice and guidance. Through the national network of Bluebird Care franchisees, senior staff also had the opportunity to share learning with colleagues in other branches and to seek the advice of a national 'quality and support adviser', whenever this was required.

Staff at all levels in the service worked closely together to ensure the delivery of effective care and support. For example, describing her relationship with the office staff one member of the care team said, "Everyone says hello [when I come in. [In fact it's] more than just hello. They make you feel welcome and part of the team. [And] if anything changes on my rota I get a phone call and an email. They are spot on with their communication. Whenever I ring them they say, 'That's what we are here for!'." To further promote effective communication within the team and ensure a personalised service to each client, since our last inspection the provider had introduced electronic care files which staff accessed through their mobile phone. As part of every care call, staff updated the file with a record of their visit which could then be seen immediately by colleagues on that client's care team. This enabled staff to alert their colleagues to any important issues they needed to be aware of before the next call. Describing the positive impact of this innovative new

system, one staff member told us, "It is much better than the previous system. No more bits of paper going missing. We complete our notes in [name of application]. It's encrypted for my clients. The other carers [who work with my clients] can see the notes. For example, I left a note when I spotted a [discrepancy] with one client's medicines." Another member of staff said, "I put a note on [the system] when [name] spilled some coffee. I put some [carpet cleaner] down and asked the lunchtime carer to put the hoover over it." Staff also had access to a separate online 'chat room' which they used to keep in touch with each other throughout the working day. Describing some of the positive benefits of this additional means of communication, one staff member told us, "We are on [name of application]. It was very helpful last week [with] the snow. [We could advise each other] which roads were closed."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the importance of obtaining consent before providing care or support. The 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. Describing their understanding of the MCA, one staff member said, "It's there to protect people. I [always] ask the individual what they would prefer. I wouldn't do things that people wouldn't want me to do." Confirming the approach of staff in this area, one person said, "The staff are all nice, respectful and very gentle." The registered manager had a clear understanding of formal best interest decision-making processes and worked closely with other agencies whenever these needed to be considered for someone using the service.

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "Every morning the staff ask me what I would like taken out of the freezer [for lunch] and they always make me a drink before they leave me." Another person told us, "I can put the dinner in the oven [and] the staff take it out and give it to me." Staff were aware of each person's particular likes or dislikes and the importance of offering people choice. For example, one staff member told us, "I work the late shift so I normally make tea. One person likes meat, potato and fresh veg with a bit of gravy on the side. I make it up for him. I have not had any complaints [about my cooking]!" People's care records detailed any risks that been identified in respect of their nutritional requirements. For example, one member of staff said, "There are [some people] with certain allergies and it is written on the care plan. It is very clear. You have to tick it off [on every call] to say that you have read it." Where necessary, staff maintained a record of people's food and fluid intake to enable this to be monitored.

Staff continued to work proactively with a range of local health and social care services on behalf of the people who used the service, including district nurses, GPs and therapists. For example describing their approach, one staff member told us, "If I came in and noticed a sore on [someone's skin] I would phone the district nurses. Directly in some cases [although] some families like you to go through them. And if there are any medication issues I am straight on the phone to the pharmacy." Similarly, in response to recent concerns about one person's safety at night, the registered manager had visited them personally to assess the situation and then contacted an occupational therapist who had provided the person with additional equipment to help reduce the risk. As a further means of ensuring an effective working relationship with other professionals involved in people's care, when a new client started with the service the registered manager wrote (with their permission) to the person's GP, to advise them that the service was now providing support to the person and to provide a point of contact for the future, should this be necessary. Commenting positively on their experience of working with the staff team one local healthcare professional told us, "The carers are very open to [my] input [and] will ring me if they have any concerns."

## Is the service caring?

### Our findings

Without exception, the people we spoke with told us that the staff who worked for the service were caring and kind. For example, one person said, "The staff are so respectful and kind. I am very happy with the care I am given." Another person told us, "The staff go out of their way to show a sense of caring. All in all ... they do a difficult job well."

Describing her personal philosophy of care, one of the directors told us, "Each customer is to be treated as we would wish to be treated ourselves. Nine out of ten of our customers don't want care but they need it. I tell staff to remember that [and] to work with people to help them get the best out of their situation." This commitment to supporting people in a kind, person-centred way was clearly understood by staff at all levels in the service and reflected in their practice. For example, one senior member of staff said, "I can teach anyone to do the care tasks but to be a good carer you have to care. Personal rapport is [a very important] part of the job. We are the only people some people see all day." Another recently recruited staff member told us, "I feel I am getting to know [my clients]. One lady is very chatty about her family and her life. She told me I have to count to 12 when I am ironing a sheet!" Describing their relationship with the staff who supported them, one person said, "I have a good rapport with the staff. They ... sit for about 10 minutes and [we] have a good gossip!" Another person commented, "The staff are very nice. If I am unwell they will stop with me."

During our inspection we identified many examples of the provider's determination to respond to people's individual needs and preferences with kindness and compassion, in ways which often went far beyond the formal requirements of the homecare contract. For example, when people who used the service celebrated their birthday, the provider sent them a card and a bunch of flowers or potted plant to wish them happy returns of the day. Similarly, one of the directors told us that to mark Alzheimer's Day 2017, she had organised a delivery of cupcakes to some of the people who used the service. Describing the way care staff had responded to recent heavy snow falls, the registered manager told us, "Carers walked two miles in the snow to ensure their customer care visits were carried [as] their cars had become stuck in the snow drifts." In a further response to the adverse weather conditions, the provider had contacted people to check they had sufficient provisions and one of the directors had used her four wheel drive vehicle to deliver supplies including bread, milk, soup and hot cross buns to people living in one particularly isolated village. Describing the thoughtful and responsive way in which staff had helped one person to retain their independence and promote their dignity, the registered manager told us, "[Name] doesn't like taking [name of medicine] as it is a very chunky tablet. She calls it her 'horse tablet'! We have [liaised] with the daughter to request a medical review to see if it can be taken in another form." Commenting positively on the support she received from the provider, one person told us, "I can't manage without them."

In one particularly compelling illustration of the provider's exceptionally caring and compassionate approach, one of the directors told us about a couple who used the service. When his wife was nearing the end of her life, her husband had asked staff to take photos of himself and his wife in her final days. Following her death, the provider had arranged for the photos to be developed and delivered to the gentleman to provide some comfort in his grief. The provider made no charge for the photos. The same person got in

touch to say he would like to thank each member of staff who had cared for his late wife. The provider arranged for him to come into office where he sat with a staff member to dictate personal emails which were then sent to each member of the care team he wished to thank. As a further example of the willingness of staff to 'go the extra mile' to make people happy and enhance the quality of their lives, we saw a record of a recent care call which stated, '[Staff member] built a snowman and the customer watched with a big smile.'

Describing her determination to ensure that the people who used the service had as much choice and control over their lives as possible, one of the directors told us, "[Many customers] are in their 90's and have got this far without help. One assurance we give to [new customers] is that they will have 100% control." This commitment had clearly been taken on board by staff, one of whom told us, "We ask them [to exercise choice] on everything. For instance, even if someone has the same thing for breakfast every day, they might change their mind." Another member of staff said, "We are not there to take over. We encourage everyone to be independent. For instance, I offer [some people] the privacy to use the bathroom on their own. I give a gentle knock and say, 'Are you ready for me?'" Confirming the approach of staff in this area, one person told us, "I am very independent and the staff know that. But I do need help getting in the bed."

People also told us that staff supported them in ways that maintained their privacy and dignity. For example, one person said, "I need to have cream put in places and because the staff are so professional I don't feel uncomfortable about having it done." Another person told us, "I have two staff call each time [to assist with] transferring me. They never speak to just one another. I am always part of the conversation." Describing their approach to providing people with intimate personal care, one staff member said, "I always ensure the curtains are drawn, the door is closed and use a towel over [the person's] body whilst I am washing [them]." As part of their induction, new staff received 'dignity and respect' training and were registered with the National Dignity Council as 'dignity champions'. To further embed this ethos within the service, at the end of their induction, staff composed a personal 'dignity leaf' stating what dignity in care meant to them personally. This was then added to the provider's 'digni-tree' which was on display in the service office.

The provider was aware of the need to protect the confidentiality of people's personal information. People's electronic care files were encrypted and paper copies were stored securely in the office and computers were password protected. The provider had also provided staff with guidance to ensure their use of social media was in line with data protection requirements.

The registered manager was aware of local lay advocacy services. She told us no one using the service currently had a lay advocate but that she would not hesitate to help someone seek this kind of support, should this be necessary in the future. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

The registered manager told us that she oversaw the handling of any new enquiries and referrals to the service, managing the process carefully to make sure the service had capacity to take on a new client before any commitment was made. If the service did have capacity, the registered manager told us that a senior staff member normally met with the person and their family to discuss their requirements. Discussing this stage of the process, one of the directors told us, "People can be worried about losing control and we provide reassurance that we won't 'do things to them'. We talk about the customer's 'golden time' [the times when the person wants staff to call] and explore any flexibility ... and tease out any red lines." Following this meeting, an initial care plan was drawn up and shared with the person and their family. Confirming their involvement in the initial development and ongoing review of their care plan, one person told us, "The agency came to see me before I started with them. I have [recently stopped having the night call as I can [now] get undressed [by myself]."

The care plans we reviewed were well-organised and set out clearly, in a very high level of detail, the person's particular needs and preferences for each care call they received. For example, the care file of one person who received nine care calls daily, contained 34 pages of extremely detailed guidance for staff to follow. This was written in the person's own words and included the following very specific statements; 'I like water with my meal, from the automatic maker on the outside of the fridge.' and 'I wear glasses. Please ensure they are kept clean at all times.'. Staff could access people's care plans via their mobile phones and they told us this was extremely helpful to them in ensuring the support they provided was responsive to people's individual needs and wishes. For example, one member of staff said, "When I first started it was all paper notes. [The electronic system] is much better. You can see every task that needs to be completed [and] the notes of [the previous call] are already there. I always look at them before I go in. I don't like going in not knowing what I am doing. We write up our notes on the phone before we leave. It's brilliant, so much easier than before." Another staff member commented, "[The care plans] are very correct and up-to-date. It's how the individual wants their support and care to be completed. [There is also] detail about their life history and other very useful information [such as] their doctor's contact details." Family members could request online access to their relative's care plan and see what staff had written following each visit. The registered manager told us that this feature of the electronic care planning system was valued by several relatives who lived out of the area but wanted to keep a close eye on the care that was being delivered to their loved one. With their permission, people's care plans were also available to other professionals involved in their care, such as district nurses and social workers.

Senior staff visited people on a six-monthly basis to review their care plan and agree any changes. Commenting positively on the provider's approach in this area, one person told us, "From time to time I have a visit from one of the managers. In fact one is coming this week to check on my care and to see if I am happy. It is not because of the CQC inspection! It is what happens." Another person said, "I see someone who comes round ... to see if all is well." Looking ahead, one of the directors told us she was considering increasing the frequency of the care plans reviews to every three months for people in their first year of receiving a service. In response to a suggestion from our inspector, she also told us new clients would be provided with staff profiles to give them some initial background information about the staff coming into



their home.

Staff knew and respected people as individuals and used this knowledge to provide support in a responsive way that reflected each person's particular needs and preferences. For example, talking of one person with memory loss, a staff member told us, "[They have] a diary and write what [they] need to do each day and scores them off [when they are done]. Like taking [their] medicine. [Recently I noticed they were] constantly wondering if [staff] had taken the bin out. So now [we] write in the diary when we have taken the bin out, so [they] can see it there when we have gone [and doesn't need to worry]." Another member of staff said, "We get to know people and their families. With one couple ... the wife will tell you what she wants us to do. But I have been going a long time and she doesn't need to tell me anymore." Discussing her use of disposable foot protectors in some people's home, another staff member told us, "I used them this morning. The customer has pure white carpets and wants us to wear them. We respect her wishes."

During our inspection we identified other instances where staff worked in thoughtful, person-centred ways. The provider had established a knitting club for people who used the service, an initiative that was clearly valued by the members. For example, one person had written to the registered manager to say, 'It reminds me of when I knitted for my boys.' The most recent focus of the club had been to knit woolly caps for a local premature baby unit. One of the directors told us that she was planning to take four people who used the service down to the unit so they could deliver the caps in person. Talking of a couple that received support from the service for several years, one of the directors said, "[The husband passed away] but we still support [his wife] with a very small team of [regular] staff. She has dementia but has days when she remembers her husband. Because the carers [all knew her husband] they can empathise, divert her and make her smile again."

People who had a preference for care staff of a particular gender told us the provider took care to respect their wishes in scheduling their care calls. For example, one person said, "I prefer female carers and they do send females." Stressing the importance of meeting people's wishes in this area, one of the directors told us, "People are always asked if they want male or female staff and we always honour [their choice]." All staff received training in equality and diversity and everyone we spoke with told us they felt they were treated in a fair and non-discriminatory way. For example, one person said, "All the staff are very young. There is a vast difference in our ages as I am in my 90's. [But they are] all respectful [and] I am very satisfied."

The provider's responsive approach was also reflected in the way staff worked alongside specialist agencies to support people at the end of their life. For example, following the death of their relative, a family member had written to the provider to say, 'I wish to thank you all for the careful and moving way you dealt with my darling [name]'s various physical problems and the way you got her to smile. She passed away .... showing no sign of pain, thank goodness. Once again, thank you all.'

People told us that they were satisfied with the response they received from office-based staff if they telephoned them to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "The people in the office are very polite." Another person told us, "If I phone to speak to the manager they will always return my call as soon as they can." The provider was aware of the national Accessible Information Standard and the importance of communicating with people in ways that met their needs and preferences. For example, the registered manager told us that two people received their staffing rota in a larger font to make it easier for them to read. Staff were also provided with training in how to communicate with people living with dementia.

Information on how to raise a concern or complaint was given to people when they first started using the service. Everyone we spoke with told us they had no reason to complain but were confident the provider

would respond effectively if they did. For example, one person said, "I have never had cause for complaint. But I would ring the agency if I did and I am sure they would sort out any issues." Another person told us, "I am very happy with the care. I have no complaints." Describing her approach in this area, the registered manager told us, "We do proactively deal with any issues. For example, [name] rang recently about his care call times. I visited him and we talked [it through]." Any formal complaints which had been received were handled correctly in line with the provider's policy.

## Is the service well-led?

### Our findings

Without exception, the people we spoke with us told us how highly they thought of the service and the way it was managed. For example, one person said, "I would recommend the agency. I have no complaints and I am very happy with the care." Another person told us, "There is nothing I would change." Another person commented, "It [is] all perfect. The staff do all I want and I am happy with the care." A staff member told us, "It's very well-organised. From top to bottom. The technology they've got is top notch. It's a great company. I recommend it to others."

The directors of the company that owned the service were both deeply involved in day-to-day operations. Their principled, democratic leadership style set the cultural tone in the service and was clearly valued by everyone in the team. For example, one staff member said, "[The directors] lead by example. They are genuinely caring [in] how they are with the staff ... and the customers. It's values led from the top. I have never, ever thought [about going back to my old employer]. I love it." Another member of staff told us, "In some companies directors are just people who put money in the pot. [But here they] are very hands on. I find it easy to talk to them. I love it. I wish I'd made this choice years ago. I don't feel like a number in this company." Another staff member said, "[The directors] are so down to earth. They are lovely to talk to. They have been brilliant over the last week [of adverse weather] pulling [our cars] out of the snow and driving some of us to our care calls. I love working here. It's nice to work for a company where we are all equal." Describing the support she received personally from the directors, the registered manager told us, "[They] are absolutely great. They are actively involved in the business all the time [and] are very supportive."

Although she had only been in post for a few months, the registered manager had also won the respect and admiration of the staff team. For example, one member of staff said, "[The registered manager] is very bubbly and easy to get on with. She's very approachable." Another staff member told us, "What is lovely about [name] being registered manager is that she is Bluebird home grown. She is an inspirational woman who has worked her way up through hard work. She is a role model for me. I hope to follow in her footsteps!" Another member of staff commented, "In my last company the manager was not very nice and not easy to talk to. But here [the registered manager] is fantastic."

The directors and the registered manager took a great interest in the welfare and happiness of their team and went to very considerable lengths to promote this. For example, following the introduction of the new phone-based call monitoring and care planning system, the provider paid each member of staff a monthly data allowance to cover the use of their mobile phone at work. Similarly, staff were provided with annual breakdown cover for their car. Since our last inspection the provider had abolished 'zero hours' contracts and provided all staff with guaranteed hours of work each week. Describing the positive benefits of this considerable investment in the workforce, one of the directors told us, "Not many [homecare] companies pay travel time. [Together with the introduction of guaranteed hours] it has improved retention. And staffing continuity [for clients]."

The directors hosted an annual Christmas party as a way of thanking staff for their efforts through the year. Recalling the 2017 event, one staff member said, "[The directors] paid for [everything]. We had individual

presents, all wrapped by [the directors] under the tree." Staff received bouquets of flowers to mark significant birthdays and other important events in their lives such as the birth of children. Talking appreciatively of the support she had received from the provider following an operation, one staff member told us, "I had a lovely bouquet and numerous phone calls. To see how I was doing. Not to see when I was coming back! [One of the directors] even rang my husband [on the day of the operation] to check I had come out of theatre okay." On the first day of our inspection, whilst being interviewed by our inspector, one of the directors noticed a particular member of staff had come into the office. She rushed out of the interview room out to meet her, explaining to our inspector that it was the staff member's birthday and she had some flowers to give her.

As a further initiative to nurture a strong team spirit and showcase excellence, the provider operated monthly 'carer of the month' and 'above and beyond' schemes with the winners receiving a certificate, flowers, a gift voucher and a mention in the service newsletter. The awards often reflected feedback received from colleagues or from the people who used the service and their relatives. For example, discussing a recent winner of the 'above and beyond' award, one of the directors said, "[Name] supported one of our end of life customers who passed away. She continued to support family members for the next few days. The feedback [from them] was outstanding." Discussing another recent award, the director continued, "[Name] got 'carer of the month' because of feedback from [new] staff she had supported. We didn't know she was doing this but it was brought to our attention that ... she is a fantastic mentor." Staff were also given long service badges which were presented to them in team meetings, enabling colleagues to congratulate them on their achievement.

Reflecting the caring approach of the directors and the registered manager, and the exceptionally positive and friendly culture they had established within the organisation, staff told us they enjoyed their work and could think of no ways in which the running of the service could be improved. For example, one staff member said, "My mum said if you find a job you enjoy, it's not [just] a job. This is the first time in my career it's happened to me. I had last week off and I missed being at work. If I had a magic wand there is nothing I would change. [But] I would make all care companies have our approach. And all managers of care companies to be as lovely [as the ones here]." Another member of staff told us, "With [my last employer] I was working to pay the bills. Here, every day I am making a difference. That's enough to get anyone up in the morning. They are so caring at the top. It's a family rather than a corporate approach. What would I change if I had a magic wand? Can I have 'nothing'?" Another staff member said, "I love working here. I look forward to coming to work. I don't think there is anything I would change." We reviewed the results of the provider's most recent employee survey and noted that 95% of respondents agreed or strongly agreed with the statement, 'I am inspired to meet my goals at work'.

Led and nurtured by the directors, there was a strong culture of innovation within the service. As detailed elsewhere in this report, since our last inspection, a number of successful initiatives had been introduced in pursuit of an ever more safe, effective and person-centred service. For example the new electronic MAR charts which had increased the safety of medicine administration; the online call-monitoring and care planning system which enabled staff to respond more quickly and effectively to people's individual needs and wishes; the measures which had been implemented to provide greater staffing continuity; the further improvements to staff training and development and the launch of the knitting club to promote well-being and social inclusion.

Looking ahead, the provider was also committed to the continuous development and improvement of the service in the future. The directors prepared an extremely detailed annual 'quality improvement plan' and met with senior staff on a quarterly basis to discuss progress. We reviewed the 2018 plan which listed 29 separate improvement initiatives, clustered under the five CQC inspection themes. The directors had also

established a strong network of external contacts which they told us was another important source of ideas for future service development. For example, one of the directors told us she was in discussion with colleagues in the NHS to examine ways of enhancing the new online care planning system to enable information to be shared electronically with medical and nursing staff, should a person be admitted to hospital. Building on the success of the knitting club and other recent initiatives, the director also told us that she was exploring ways of recruiting volunteers to help people maintain their hobbies and interests and remain active in their local community. To further promote enhanced internal engagement, plans were in place to establish staff and customer 'forums' to give people an opportunity to become more involved in the running of the service.

As a core component of this process of continuous service improvement, the provider conducted an annual survey of people and their relatives. The results of the most recent survey had been published in the quarterly newsletter that was sent to everyone who used the service. We reviewed the results and saw that 96% of respondents had indicated they were satisfied or highly satisfied with the service they received. Despite this very positive feedback, the provider had also published the areas in which people had asked for improvements to be made. One of these was staffing continuity which, as detailed elsewhere in this report, had been an area of significant focus for the provider in the months following the publication of the survey.

People's satisfaction with the quality of the service provided was also reflected in the many letters and cards on display in the service office. For example, one person had written to say, 'Thank you to all for the kind attention you gave to [name]. It gave us peace of mind knowing she was being cared for.' Online reviews of the service were also extremely positive. One website gave the service a 95% rating based on 38 reviews submitted by people who used the service and their relatives. Another website gave the service an overall rating of 96% based on nine reviews.

In addition to the annual customer survey, the provider undertook a range of audits to monitor the quality of the service. These included monthly medication, care plan and staff file reviews conducted by the registered manager. The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. Any incidents that had occurred had been reported correctly and managed carefully and sensitively. As required by the law, the rating from our last inspection of the service was on display in the office and on the website.

The directors were committed to playing an active role in the local community and to sharing the provider's expertise and resources with other organisations, to the benefit of the people who used these services. For example, senior staff gave presentations to the local Parkinson's group. Building on this relationship, the provider had recently offered to donate, free of charge, the services of a care assistant to support the work of the group. Similarly, the provider had provided complimentary support and advice to another local homecare company.