

BenJeMax Limited

Bluebird Care (Sevenoaks)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 4 October 2016. The inspection was announced.

Bluebird Care is registered as a domiciliary care agency with an office base in Sevenoaks, providing personal care and support to people in their own homes. These included older people, some living with dementia, as well as people with physical or learning disabilities. The service is able to provide a range of visits to people, from one visit a day, up to several visits per day together with providing a 'live in' service if required. The service is a privately owned franchise and the provider was involved in the day to day management of the service. At the time of the inspection the service was providing support to 90 people, this included personal care being provided to 39 of these people. The support provided aimed to enable people to live as comfortably as possible.

There was a registered manager for the service, who was registered for both the Sevenoaks and the Lewisham offices of the service. 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 and associated Regulations about how the service is run.

The feedback we received from people was excellent. Those people who used the service expressed satisfaction and spoke very highly of the registered manager and staff. For example, one person said, "They look after me very well, and I would not be without their support".

The safety of people who used the service was taken very seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Risks had been identified for individual people and their circumstances and measures had been put in place to control and reduce risks, helping to keep people safe.

People's home environment was checked for hazards before support was commenced to ensure the safety of people and staff. Most people either managed their own medicines or their family members helped them. Some people required staff assistance with their medicines. The registered manager checked that staff were safe to administer people's medicines by carrying out regular competency assessments. The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet people's needs. People received consistent support from support staff who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their support staff and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected. People received a service that was based on their personal needs and wishes. Changes in people's needs were

quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider had a robust recruitment process in place to make sure new staff were suitable to work with people in their own homes. Staff were supported to gain the skills necessary to be able to support people in their own homes. Staff had the relevant induction and training updates to feel confident in their role. Support and the opportunity to develop was given through regular one to one supervision, observational assessments and annual appraisals.

Staff presented a caring approach as did the staff working in the office who supported the delivery of care. People were happy with the staff and made many positive comments about the staff who supported them. The provider made sure people had information about the service people could expect within a Bluebird Care booklet at the commencement of care and support.

People were supported with meal planning, preparation and eating and drinking. People had positive relationships with staff who knew them well. There were enough staff available to meet people's needs. Staff supported people, by contacting the office to alert management, to any identified health needs so that their doctor or nurse could be informed.

The service had processes in place to monitor the delivery of the service. People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. People and their families thought the service was well run. Staff felt they were well supported and their requests were responded to quickly. They found the management approachable and would be happy to raise any concerns with them, confident they would be acted on. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs, by carrying out surveys.

The registered manager ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met. Incidents and accidents were recorded and checked by the provider or registered manager to see what steps could be taken to prevent these happening again.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, as this was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. Staffing levels were flexible and determined by people's needs.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

People experienced very positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs, contacting health professionals when necessary.

People were able to exercise choice and control in decision making.

Is the service caring?

Good 

The service was caring.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People had good relationships with staff and expressed satisfaction with the care they received.

People had been involved in planning their care and their views were taken into account.

People experienced care from staff who respected their privacy and dignity and often went above and beyond their roles.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

Changes in people's needs were quickly recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the service. These were owned by all and underpinned practice.

Staff felt supported and listened to. They felt their concerns would be acted upon.

There was emphasis on community involvement, continual improvement and best practice which benefited people and staff.

There were robust monitoring systems to assure quality and identify any potential improvements to the service.

Bluebird Care (Sevenoaks)

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2016 and was announced. 48 hours' notice of the inspection was given because the registered manager oversaw the day to day running of two offices. We needed them to be available during the inspection. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We obtained feedback from seven people and three relatives of people who received personal care from the service, to gain their views and experience of the service provided. We spoke with the provider, the registered manager, the training manager, a supervisor and contacted ten staff who supported people in the community.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files for people who received personal care, five staff record files, the staff training programme, medicine records and quality audits.

At the previous inspection on 23 December 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

Everyone we spoke with said that they felt very safe in the hands of Bluebird Care and the staff who supported them. Relatives told us that they felt safe with staff that visited and had no cause for concern regarding their safety or the manner in which staff treated their relative. People said, "They make me comfortable and I feel safe", "I do feel safe, as I know the carers that are coming to support me and I get on well with them", "If there are any changes someone from the office telephones and lets me know", and "It is definitely a very good service".

The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. Staff had received training in safeguarding as part of their induction. Staff we spoke with understood what action they needed to take to keep people safe. Staff were aware of the signs of abuse, for example in people living with dementia who may not always be able to recognise risk or communicate their needs. Staff told us they were confident to report abuse to the management team or outside agencies for example, local authority social services, if this was needed. One member of staff said, "I would report any concerns immediately, and I know to contact social services if that was needed". The registered manager understood their responsibilities and informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary. The registered manager told us about a recent incident, the action taken and the outcome that made sure that people remained safe. In addition, all safeguarding policies were found within the customer guide in the Bluebird booklet that was present in each person's home. The supervisor discussed the policies with the person at the visit, to ensure that the person understood and would know who to contact if they had concerns. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Staff told us that they had been through an interview and selection process before they started working at the service. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history including any gaps in employment, for example time off to have a family. The registered manager made sure that at least two references were checked before new staff could commence employment. Employment procedures were carried out in accordance with equal opportunities and good interview records were maintained.

Staff were recruited using a psychometric tool that helped match potential new staff skills to specific people. Psychometric job fit questions hosted by an external organisation were also carried out. The information obtained helped to match people to specific roles and specific customers. The primary purpose was to optimise the effectiveness and safety of the service by avoiding the employment of inappropriate staff. Psychometric responses were obtained before interview and the results used to guide the interview questions, enabling a more effective interview. The provider informed us they believed the use of this system

and approach to the recruitment of new staff ensured the effectiveness and safety of the service being provided to people.

The service was well resourced with office based staff that included a deputy manager/senior care co-ordinator, care co-ordinator and an administrator to support the running of the service and offering support where necessary. There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person was increased if required. In addition, the registered manager considered potential sickness levels and staff vacancies when calculating staffing levels. The registered manager said the staff team were good at covering absences. All of the people we spoke to were happy that they always got the amount of support time they should and that staff arrived on time. One person told us, "They (staff) arrive on time, spot on time and there has been no missed calls". Another person said, "Yes, the staff arrive on time and stay the full time always". A relative told us that staff always asked if there is anything else they can do, before they finish and leave".

Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. At the time of assessment either by the lead care supervisor or the care supervisor, any equipment was checked before use to make sure it was safe to use and had been serviced as required. Staff looked for a visual safety certificate on equipment such as a hoist and this was then reviewed yearly. Also staff visually inspected walking sticks and walking frames and put a Bluebird sticker on so that people knew that they had been visually checked. Staff told us they carried out visual checks of equipment each time they visited before using it. If they had concerns that the equipment was not safe to use, they would not use it and inform the office staff. Safe guidance for staff to follow was put in place to safeguard people and staff. All risk assessments were reviewed regularly or sooner to make sure they continued to be relevant and suitable and that people's needs had not changed. Staff talked knowledgeably about safety and risk management.

People's home environment was considered at the initial assessment stage to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as poor street lighting, uneven pathways and safe parking near the property. The inside of the property was looked at to check it was free from obstacles, the flooring did not present a trip hazard and there was a clear and comfortable working area. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc. were also identified and recorded so staff had the information to help keep people safe.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required. As Sevenoaks could get badly hit if there was cold weather and snow, the management had purchased 'Snow Trax' for all staff in order to enable them to walk safely to people homes. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. The out of hours on call system supported both staff and people 24 hours a day.

People supported by Bluebird Care and the staff it employed lived locally. There was planned travel time between each visit as this decreased the risk of staff not being able to make the agreed visit times. The registered manager informed us that the agency had not had any missed visits. On the few occasions staff

were going to be late to attend a visit due to unforeseen circumstances such as dealing with an emergency at the previous visit they telephoned the office. Contact was then made with the person whose visit was going to be delayed in order that they were kept informed. This was confirmed by people that we spoke with who received a service. Everyone that we spoke with that received a service from the agency said that they had never had missed visits and that they had been telephoned if their support staff were running late.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider and registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. Very few accidents and incidents had been reported. Those that were had been recorded in detail and investigated where necessary.

Medicines were managed safely where the service was involved in assisting people. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. Staff knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the person's GP. Staff understood how to keep people safe when administering medicines. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Staff were able to describe how they supported people with their medicines. Records and discussions with staff evidenced that staff had been trained in the administration of medicines. Staff had regular competency assessments with the registered manager to ensure their continued ability to administer people's medicines safely.

Is the service effective?

Our findings

Everyone that we spoke with said that staff were well trained and were competent in their work. People felt safe and comfortable with the level of skill and experience the staff had. Several people told us that staff went over and above their duties to make sure people were well looked after. One person said, "I do not know what I would do without their support". Another person said, "They always support me in the way that I want, and ask how I would like something done". A relative told us, "The staff have regular training, and sometimes they are observed carrying out their support in my relatives home". Everyone we spoke with also expressed the view that the staff who visited them were matched well to them personally.

People were supported by staff who had the knowledge and skills required to meet their needs. People told us they had regular staff who they knew well and people said they got on well with the staff that visited them. People's needs were assessed and communicated to staff effectively. The staff followed instructions to meet individual needs.

A training programme was in place that included courses that were relevant to the needs of people who received a service from Bluebird Care. The registered manager and training manager ensured that staff continued to receive the necessary additional training and updates to be able to maintain the skills and experience required to complete their role well. The provider informed us that a range of training methods were used to ensure that the different learning styles of staff were considered. These included the use of a range of technologies, such as handheld devices. The training manager was trained to deliver training to staff that included, moving and handling, medication administration, safeguarding adults and children, dementia and end of life care. The provider had a well-equipped training room with equipment such as a bed and hoist to be able to train staff on a practical level in relation to moving and handling transfers. If staff reported that they did not have the necessary skills to prepare or cook a person's choice of meal, or if staff were from overseas and their knowledge of people's choice of meals was generally poor, staff were invited to cookery lessons at an alternative office (in Lewisham) where catering facilities were available. This showed the provider could be responsive to the needs of new staff or existing staff who required any additional training.

The training manager was about to commence Pro Act Skip training for staff. This training focuses on ways of supporting people with behaviours that challenge. The management team believed that this additional training would enhance staff skills and be beneficial for staff working with people who lived with dementia.

The provider had a sound induction process in place for new staff, and the provider met with all new staff when they started work for the service. The training manager was the specified Care Certificate Assessor, who supported each member of staff throughout their induction process with a total of 53 practical assessments being completed during their first month of employment. Staff received one to one support throughout that included shadowing competent staff and reflection to complete the theory workbook. This gave staff the skills and development opportunities to provide effective care and make improvements where appropriate. In addition before all staff started the care certificate they completed the care certificate assessment tool, which identified any areas of their training that required attention. Support was then given

to these members of the team. Learning and development included face to face training courses, eLearning, and on the job coaching. New staff confirmed that their induction gave them a full understanding of what was expected of them in order to meet people's needs and keep them safe and happy. A quality management report dated 12 January 2016 undertaken by an external social care professional supported that the service had sustained an outstanding level of induction, probation, supervision and appraisal for all staff. This ensured staff had training relevant to the people they delivered care to.

Staff received regular supervision in two ways. An observation assessment while performing their role in people's homes and one to one supervision. This enabled the registered manager to be confident about staff competence when working alone in the community. The supervisor looked at all areas of care provided and recorded their observations. They fed back to the staff member after the observation. Records showed positive as well as constructive feedback was given to help the staff member to improve their practice. One to one supervisions were also held where topics such as workload, concerns, personal issues, dress code and standards of care were discussed. When managers met with staff they asked them questions about their performance, about work issues and about their development needs. Staff were asked by the registered manager how training they had undertaken had improved their skills. The provider made sure all staff had an annual appraisal. This was an opportunity for staff to plan and discuss their own personal development for the following year. Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

People's capacity was determined when the first assessment of their care needs was undertaken. Families were often involved in decision making, supporting people to make choices and decisions about the care they received. Records showed that staff had considered people's capacity to make certain decisions. If people lacked the capacity to make a decision, staff knew decisions must be taken in people's best interests, with the involvement of the right professionals. Staff understood the key requirements of the Mental Capacity Act 2005. They could describe how people had the right to make their own choices and decisions. This protected people from unlawful decisions being made on their behalf and gave people the opportunity to change decisions they may have made before.

People were actively encouraged to make their own decision wherever possible. In some instances staff utilised the 'Remind Me' care system accessed externally through a web based address. This technological system was for people with dementia who were highly anxious. People could be reminded of scenarios or times from the past. This creative and innovative solution could assist at difficult decision making times giving people the maximum chance of making meaningful decisions about their own care and their own lives. An example given was where the use of this system enabled a person to calm and better engage with the taking of their medicines. Another example was about staff interacting with a person who became highly anxious when they were unable to find their diary. Staff using the system showed the person pictures of their working life and talked to them about their work as a personal assistant. This had a calming effect, whilst another member of staff would look for and find the diary.

Some people had a family member who had applied to the court to make decisions on their loved one's behalf and had been granted a Lasting Power of Attorney (LPA). Where this was the case, it was recorded in people's care plans to ensure good communication. The provider conducted an additional check with the office of the Public Guardian to ensure that all documents were valid. People's care plans showed that where people had been assessed as lacking capacity to make decisions, the arrangements in place to support decision making were clearly documented. Supervisors were encouraged to give priority to attending best interest meetings organised by relevant authorities to assist or support customers in the decision making process. One example when the registered manager attended a best interest meeting. This resulted in further discussion and a change in the decision being made. The outcome was the person who

had capacity was able to remain at home rather than go into residential care. This demonstrated the registered manager knew people well and was able to recognise and understand a change in behaviour to support their wishes.

The service provided personal care to people living with dementia. There was a dementia champion within the office team and the ethos of the service included an aim to make the local community of Sevenoaks a 'dementia friendly town'. The monthly carers newsletter stated 'All Sevenoaks staff are Dementia Friends', and gave information about making the UK dementia friendly. Care plans clearly addressed the support each person required, dependent on their individual circumstances. For instance, some people needed a reminder to make sure they did certain things, such as taking medicines. For others, staff needed to help people to make day to day choices and decisions, such as what clothes to wear or what food to eat.

The service did make provision of food and drink to most people. The provider sent us information that showed that more than 69% of care hours were spent on care plans that involved the preparation of food. Staff told us how they did this in line with people's assessed needs. Staff described to us how they prepared food/snacks and drinks for people. Food hygiene training was provided to staff. For people who required support at mealtimes, for example, people living with dementia, they were supported to make their own meal choices. At times people and staff would sit and eat together, to encourage a positive outcome. One person would only eat in a settled way if the staff member ate with them. If people were ever hospitalised, then support continued within the hospital environment wherever possible to relieve anxieties and to ensure food and drink support continued when people were most vulnerable. There was an emphasis on eating out for some people who still enjoyed the social aspect of restaurants, coffee shops and sandwich bars. Some people were taken out for lunch as part of their care package. This meant people received good care and support in relation to their food and fluid intake.

People were always asked to give their consent to their care, treatment and support. People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. Records showed that people were referred to appropriate professionals if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to staff in the office, who then contacted their GP, community nurse, or other health professionals. Each person had a record of their medical history in their care assessment, and details of their health needs. There were solid relationships between relatives where appropriate and health and social care teams, that included local district nurse teams, speech and language specialists, and local Hospice therapists. Staff were supported by additional training from healthcare professionals when required developing best practice and working together for the best outcome for the person. Additional links were made with a number of different organisations to ensure and support the continuity of care that some people received from healthcare professionals and charities.

Records showed that staff worked closely with health and social care professionals to ensure the needs of people were met. Effective communication was aided by the use of the PASS system which resulted in the immediate communication of any changes that staff needed to be aware of. The provider informed us that 'no other system enables this kind of rapid response'.

Is the service caring?

Our findings

Everyone we spoke with, without exception told us they were treated with kindness and compassion by the staff who supported them and that positive relationships had been developed. People made lots of positive comments about the staff. People said, "I look forward to them coming and enjoy our little chats", "They (staff) are always kind and caring and look after me very well", and "I have got to know them now, and they know me and how I like things to be done".

People told us that staff communicated with them and told us about staff chatting and talking to them, letting them know what was happening during care delivery. Staff had developed positive relationships with people. People valued their relationships with the staff team. Staff listened to people and respected their wishes. Staff told us that they respected the choices people made.

The registered manager was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with staff we spoke with. When a care package started people were introduced to the support staff who would be visiting them. When new staff were employed they visited the people they would be supporting whilst still on their induction alongside the persons current support staff so that people got to know the new support staff. One staff member said, "We always go and meet people and introduce ourselves before starting their visits". Another staff person said, "When you start working for the agency you are told to remember you are going into people's homes and to respect this". Everyone that we spoke with confirmed that they had regular staff who visited them. One person said, "New staff are introduced, they always shadow and they always phone me beforehand to let me know there is going to be a change". Another said, "We have regular carers, we know them".

People described staff that were attentive to their needs. Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, staff told us about morning routines they supported people with, such as washing and dressing. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their care needs. Information was given to people about how their care would be provided. People received a statement setting out what care the service would provide for them and the time of their visits by staff. People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent.

People made their own decisions about the care they received, supported by family members where relevant. Families were often fully involved in people's lives, caring for them most of the time. People could change how they wanted their care to be delivered whenever they wanted. Staff did as people asked when they visited and if people wanted long term changes to their care, they would contact the office staff to ask them to change the care plan. We were told by staff their requests were always responded to quickly, within a day or two.

Evidence was found in each person's care plan as to how a person would like their medicines given to them

(which room, alone or in someone else's presence, etc), including body positioning and either delivery or collection of medicine from pharmacies. This evidence was seen to establish that all people's medicine protocols were adhered to in a manner with which each person was comfortable, promoted independence and involved them.

There was an emphasis on people's abilities when planning the care they received within their home. People were keen to remain as independent as possible, only having help with the tasks that were necessary. Care plans reflected this, guiding staff to encourage and support people to do as much as they could themselves. Being respectful of people's dignity and privacy was a key element of the support plan, making sure staff thought carefully about their approach.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care one member of staff said, "To respect their dignity, it is important to keep as much of a person's body covered as possible. Staff received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. One person who received a service said "They help me to choose my clothes". Staff we spoke with understood their responsibilities for preserving privacy and dignity and could describe the steps they would take to do this.

Staff understood the importance of promoting independence and this was reinforced in people's care plans. For example, one person's plan stated, 'Encourage to use walking frame to maintain mobility'. One person told us they had now been able to reduce the number of calls they had, as bit by bit with staff support their health had improved and they were now able to cook their own meals again. The person said, "The staff give me the support and confidence".

People were given information about the service in the form of a Bluebird Care booklet following their initial assessment, before their support commenced. The booklet set out the aims and objectives of the service, what services people could expect to receive and information about the staff. The guide also included important information such as how to make a complaint and who to contact if a complaint was not resolved to people's satisfaction.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People described their staff as being 'supportive' and 'caring'. People's care and support was planned proactively in partnership with them. Everyone that we spoke with, without exception said that when their care was being planned at the start of the service the supervisor spent time with them finding out about their preferences. What care they wanted/needed and how they wanted this care to be delivered. From then forward the relationship between management and each person was two way and only required a phone call to the office to change or adapt the care needed. One person said, "If I have a hospital appointment I just call the office and make the necessary changes". People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met.

The supervisors carried out a detailed initial assessment with people. Supervisors positively encouraged people to include their close families or sometimes friends to assist them at the initial assessment. The registered manager told us that they endeavoured to provide a holistic approach to care, ensuring people's care needs were met, but also looking at their lives as a whole to provide assistance support emotionally and spiritually. For example, one person had an early onset motor-neurone disease. They were able to select their own care team for their care as the disease inevitably deteriorated. Specific training was brought in for six staff from the Motor Neurone Disease Society and the person was able to choose who they wanted to support them with end of life care.

At the initial assessment people were asked what times they would prefer to have their support and this would be accommodated where possible. Personal details such as people's next of kin and health care professionals involved in their care were collected to ensure the information was available if needed. People were asked what their routine was and how they wanted their support to be carried out. This was important information for the staff to be able to provide help in the way the person themselves wanted. Any person receiving support that had to spend time in hospital was reassessed before discharge from hospital. This was to ensure that the person's needs could still be met and to ensure that any equipment required was also in place. If the person lived alone, the service delivered a Bluebird Care Welcome Home pack and ensured that the home was adequately heated and all housekeeping was to a satisfactory level. Staff ensured that there were sufficient groceries in place. A member of staff would pick the person up from hospital when necessary and take them home to avoid discharge from the hospital at an awkward time. This ensured that people's welfare and safety was maintained after they had been discharged from hospital.

Once support commenced, people had a care plan that recorded in detail their assessed care needs. How people wanted their care to be delivered was discussed with them and recorded in detail in the care plan. Step by step guidance in a methodical order meant people's routines were followed by staff who had the information available to carry out the support required. Staff told us they found the care plans easy to use. It was evident from care plans inspected that the person is placed at the heart of the care planning and care delivery process. Care plans carefully documented people's backgrounds, aspirations and wishes, including details of how they wished to be cared for. Full details of medical conditions were noted including how

these conditions may impact on care/safety of customers and their families and affect the delivery of care by staff.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Reviews were held every 12 weeks and a weekly call system was implemented to people that had voiced concerns to staff, or had recently lost a loved one or close by family had recently moved away. All the staff we spoke with said the management were very responsive to people's changing needs or wishes and acted quickly to review the care plan. The staff recorded daily the care and support given to each person; we saw that these records were clearly written and informative. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full. For example, two people who had previously enjoyed the hobby of playing bridge and had let the hobby lapse. The registered manager had made enquiries to a local bridge club and the two people supported by staff now regularly attended the club and enjoyed playing bridge again. Another example was that one of the people who used the service extended an invitation to people using the service who may be lonely, to come supported by staff to their home to enjoy afternoon tea. This showed that management and staff worked to improve the quality of life for people they provided a service to.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. One member of staff said, "We provide person centred care. This allows people to make their own decisions about the care they want". The registered manager gave us examples of when the service had made suggestions to people about support they could access that they were not aware of. These included giving people information about how to obtain mobility equipment or introducing the support network for people living with dementia. This demonstrated that management was proactive in involving people and working in partnership with them.

There was a robust system in place at the agency office that ensured prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. For example, a change in a person's medicines. People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. One member of staff said, "We let people make their own choices, such as what they want to eat. It is important we support people to do the things they can for themselves".

The agency actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People told us that the registered manager and staff had an excellent understanding of their social and cultural diversity and needs. For example, the day following the inspection, a Make a Difference Day had been planned. A Harvest Festival Tea Party arranged in conjunction with a local school where the pupils of the school made food and entertained people. People we spoke with told us that transport had been provided and said how much they enjoyed the occasion. Management strived to include social inclusion into people's lives, for example bringing a copy of the company local paper for them to read as this provided information on what went on in their local community. It also sign posted people to the Dementia Café which met fortnightly at the local theatre. Quarterly events were arranged and put on either in the local community centre or at a local pub for a lunch. People receiving a service were invited to join either with a friend or member of their family. Transport was offered and staff were available to support people to access the community and minimise the risk of them becoming socially isolated. For example, people showed interest in the Christmas lights in the town centre and transport was arranged for people to see the lights, and they then enjoyed the Christmas market at the band stand. These experiences had given people life

long memories and links to their past. This helped them remain part of their local community and feel valued as an individual.

Another example given was supporting a person diagnosed with dementia to continue travelling abroad. The person had been refused by the airline to travel alone. The registered manager in conjunction with family arranged for staff to support the person whilst travelling, arranging wheelchair support at the airport, and support from staff whilst on the plane. To date 14 trips had been completed. This had enabled the person to continue their relationship with their relative in a safe and supported manner.

In 2015, staff actively encouraged people to get out and vote in the General Election. Transport was provided in most cases when required and no charge was made for additional time. People were grateful for the chance to be involved. A couple of years ago, in conjunction with a local supermarket, people and the team raised funds for the Alzheimer's Society. This indicated that the service has been sustaining this level of community participation for a long time.

People were actively encouraged to give their views and raise concerns or complaints. Management made contact with every person who received a service on a weekly basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise concerns. There was a policy dealing with complaints that the staff and registered manager followed. People received a copy of the complaints procedure, explaining how to make a complaint if they needed to. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. One person said, "I have no complaints, if I did I would ring the office and they would sort it out". Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. The registered manager told us how one incident involving a member of staff had been resolved. Management viewed concerns and complaints as part of driving improvement.

There were also a number of compliments received from people and their relatives, often naming individual staff to praise. These included, "I wanted to write to thank your team for looking after Mum while I have been away with work. I would not have been able to do my work without their sterling efforts", "Thank you for looking after my Dad this year and keeping him safe and happy at home", "Thanks for all your kindness and help", and "I would like to thank you so much for all the help you have given us. Your carers were all of such a high standard".

People were protected from potential missed calls. The registered manager said that there had been no missed calls, as the electronic system in use would flag up any carer not arriving at their allocated call. This would be followed up immediately by staff in the office, or the on call person if this happened outside of office hours.

Is the service well-led?

Our findings

The registered manager was an excellent role model who actively sought and acted on the views of people. They had developed and sustained a positive culture at Bluebird Care. Without exception people using the service, relatives and staff all spoke very highly of the registered manager. They also told us they would recommend Bluebird Care to anyone who wanted care and support in their own home. One person said, "Nice, friendly, caring staff and I would recommend them". One relative told us, "Yes, I would recommend them and indeed I have done so on a couple of occasions".

The provider informed us that the registered manager spent 60% of their time at the Sevenoaks office and 40% of her time at the Lewisham office and was available throughout the day by telephone or email. The staff in the Sevenoaks office included two members of staff qualified to QCF Level 5 in Health and Social Care leadership, one of whom was a former nurse. Since the inspection, one additional member of staff has become qualified at QCF Level 5, Health and Social Care, and this study programme was largely completed at the time of the Inspection. Other members of the office team had been hand-picked by the Registered Manager partly to provide wider cover in specialist areas. For example, one had qualifications as a Emergency Medical Technician, two specialist practitioners in Learning Disability, and an additional staff member with qualifications and extensive experience of dealing with patients with mental health disorders.

The provider informed us that the ethos of the service was that every person should be treated with the care and attention to detail with which staff would treat their own relatives. Bluebird Care had clear vision and values that were person-centred and that ensured people were at the heart of the service. The management ethos of the service was one which constantly innovates to find better and more effective ways of working with their customers to enhance their lives and the quality of their care. One example being activities that were arranged within the community to help prevent social isolation. This meant that people benefited from these activities and it also promoted the understanding of dementia in the wider community.

A quality management report dated 4 February 2016 undertaken by an external social care professional stated that 'The manager has supported the service for 4 years and there is clear evidence of the service being well run and having continuously improved during that time. She demonstrates a clear and confident sense of leadership towards both her senior and junior staff and intends to leave no stone unturned in pushing to improve. The cultural push towards excellence within the knowledge that there will need to be continuous improvement and correction along the way is exemplary. The style is open and is one of genuine shared hard work to make vulnerable people's lives better in the local community'. The registered manager works hard towards improvement for people living with dementia and has acted as an advocate to talk about the positive side of care to the media both locally in Sevenoaks and nationally.

In September 2015 the service was featured on a television channel as an example of how care in the community should be provided. The registered manager was interviewed and stated that the service would never agree to providing a 15 minute call for any substantial personal care. This meant that the service was setting a good example nationally as to how community care should (and should not) be provided.

The registered manager told us the service was a finalist for the Bluebird Care's franchise of the year award 2015. This was a prestigious internal award within the service (of over 200 branches). It indicated that the quality of the service provided (by Bluebird Care's own measures) is well in excess of most locations, having the highest compliance rating of all Bluebird services nationwide at 96.5%. A number of criteria were considered for this award, and factors taken into consideration included the way complaints were responded to, staff retention, website and community participation. The registered manager was also part of the community based Patient Engagement network and gives her an insight into much of the consultation throughout West Kent, and leads to better communications with other professionals.

There was a positive and sustained culture at Bluebird Care that was open, inclusive and empowering. Staff were motivated and told us that management at Bluebird Care was excellent. They told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls, texts and face to face meetings. Staff told us that they were invited to meetings where they could express their views and put forward suggestions about how the service was run. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. For example, if a person using the service passed away, the registered manager informed of the staff that had worked with that person and with family agreement staff were invited to the funeral of the person.

The service had looked at innovative ways of communicating with care workers who worked in the community to make sure they were informed of changes, knew about best practice and could share views and information. For example, management had launched the PASS system whereby all care plans, MAR charts etc, were available on an electronic hand held system. All staff once trained had been given a handset and all entries were typed into this system. At the office there was a live screen which delivers real time notifications of all entries. For example, if a person's medicine were to be changed this information would be forwarded immediately to the staff supporting the person.

Another example was the implementation of the Bluebird Care Sevenoaks staff council. This is a quarterly meeting for staff and representatives of people who use the service to attend. It is chaired by a junior member of staff and designed to be a meeting with 'no management' presence where staff and people can speak freely about the service and working for the service. This forum brings up a different type of feedback and ideas from other 'top down' meetings and is an innovative and creative way to empower and involve people and staff at all levels. Action had been taken from an issue that had arisen at one of the meetings when a person asked that they be informed beforehand if a new staff member was shadowing at a visit. We were told that people who used the service were now always informed if a new staff member was undertaking a shadowing visit. People were included in staff interviews, so they can make decisions about who is employed to care for them and others in their local peer group and there were opportunities for people to join the Bluebird Care Council meetings.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. This was also reinforced when we spoke to people who received a service. One person said, "The staff are well trained and know what to do. They wear smart uniforms and are a credit to the management of the service". The staff we spoke to understood their role and what was expected of them. Staff were aware of the expectations, and all expressed their own wish to provide a good service to people. This led to the promotion of good working practices within the service. Staff we spoke with said, "Management are well organised and good at co-ordinating calls. They are really good to work for. I am very happy and enjoy working for them", and "I had a few personal problems and found that management were very supportive at

this time".

People were invited to share their views about the service through quality assurance processes, which included phone calls, and spot checks for the staff who supported people. These spot checks monitored staff behaviours and ensured they displayed the values of the service. Questionnaires were sent out to people who used services, relatives and staff. The provider informed us that the results of the 2016 survey showed that 100% of people responded that they were happy with the service and 100% confirmed that they would recommend the service to their friends. People had commented, "Very happy with the service, I thank you", "I am pleased with the level of care received from Bluebird Care", "I am very satisfied and thankful for the help you give me", and "I am very happy with the service it is just what I need and I cannot think of any way in which it could be improved". Staff comments included, "I enjoy working with Bluebird Care and feel well supported by friendly office staff", and "I love my job". We heard nothing but positive comments about the staff and management of the service and this showed that people were very satisfied with the services offered.

The provider informed us of the registered manager's passionate commitment to the concept of continuing improvement of the service. For example, the registered manager attended local patient participation groups in West Kent to identify new or innovative means among healthcare professional groups to identify improvement. As a result of this attendance, the service sent a questionnaire after an appropriate interval regarding 'end of life care' to see feedback from those family members concerning the effectiveness of the relevant care.

The provider and registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were encouraged to raise concerns outside of the organisation should they need to. Staff told us they were given information about whistleblowing and how to go about it. Staff said they felt they could speak with the registered manager if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the registered manager, and staff showed us that there was an open and positive culture that focused on people. Staff told us there was good teamwork amongst staff.

The provider informed us that the registered manager took great care over the well-being of individual members of staff, and cultivated their morale by passing on personal appreciation and compliments from people. For example, the registered manager undertook a specialised one to one supervision to debrief staff who had been through a traumatic working experience. These supervisions could be augmented by the availability of professional counselling, which could be accessed by all staff as part of their employment terms and conditions. Also, hand written letters were sent on occasions to express the gratitude of members of the office team, or people, following particularly diligent or selfless services from staff to people.

There were systems in place to review the quality of all aspects of the service. The provider informed us that the service was subject to regular quality audit from the Bluebird Care Franchisor. In 2015, this audit resulted in a Quality Score of 91% and in 2016 the score was 99%. The registered manager recognised areas for improvement and took appropriate action as a result. Each month the registered manager completed a monthly improvement plan, paying particular attention to staff arrival times, length of visit stay. Any issues around these subjects were presented via supervision to staff. The registered manager said that they completed a monthly report that included monitoring any late calls, mileage travelled and staff hours worked. The registered manager told us that they made random telephone calls to people that use the service and to staff as part of the quality monitoring of the service. In addition to these, the service hired external social care professionals to audit the service, give management advice and assist in working towards further improvements. A report dated 12 January 2016, noted a number of observations about how

the service could improve further. We saw from the report dated 4 February 2016, that all suggestions made had been implemented to improve the service, for example auditing of staff files.

The provider informed us of other initiatives implemented by the registered manager that included, a monthly internal newsletter designed to ensure that staff remain abreast of matters pertaining to their employment; a career pathway for staff, whereby they can see how commitment and hard work can lead to career progression with Bluebird Care; 'Carer of the Month' initiative designed to recognise exceptional service from staff.