

Warriewood Ltd

# Bluebird Care (Plymouth and South Hams)

## Inspection report

1st Floor Valley House  
Valley Road  
Plymouth  
Devon  
PL7 1RF

Tel: 01752347700

Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

Date of inspection visit:

27 September 2016

28 September 2016

Date of publication:

23 November 2016

## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

Bluebird Care (Plymouth and South Hams) is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs and supports some people who may require support with personal care needs at specific times of the day or night. At the time of the inspection, 65 people were receiving support with personal care needs.

A manager was employed to manage the service. They were in the process of registering with CQC to become the registered manager 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 2008 and associated Regulations about how the service is run.

The manager was supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team. Clear communication systems were in place to ensure people, family and staff queries were handled swiftly and without repeat calls having to be made. Staff told us they felt supported in their work and the registered provider and manager told us they worked hard to make sure staff felt appreciated.

The registered provider and registered manager had a strong ethos of caring for people and staff, and this had clearly been adopted in the way staff treated the people they supported. People told us staff were kind and staff gave examples of how they went above and beyond their normal role to show they cared for people. Staff spoke about people they supported with fondness and respect. Comments included, "It's nice to help other people. I go out of my way to treat each customer as a person. I have a giggle with people and they enjoy that" and "I enjoy putting a smile on people's faces. I like to make a difference to their morning." When required, people received compassionate end of life care from a dedicated staff team who also focused on the needs of friends and family, to help ensure they felt supported throughout. A relative fed back how much they and their loved one had looked forward to visits from the staff during this time, and described them as "angels".

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. A person said, "All the carers are lovely and efficient."

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust to ensure the right staff were employed to look after people.

The risks associated with staff supporting people to move were assessed and updated as required.

However, where people had risks relating to specific health care needs, such as diabetes, these were not always assessed to provide staff with guidance on the risk and how to mitigate it. The manager told us they would review all risk assessments to ensure risks were identified and assessed as needed. This would ensure staff had the required guidance to refer to.

Some people received support with their medicines. Staff were trained to do this and people told us they received the right medicines at the right time. Medicines records did not detail when staff were responsible for administering people's medicines and when family members were. Nor did they include guidance for staff about when people needed medicine that was prescribed to be taken 'as required'. The manager told us they would ensure records included this detail.

People told us staff respected their homes and protected their privacy and dignity. Staff had received training on the Mental Capacity Act 2005 (MCA) and people told us staff always asked their consent before delivering any care or support.

Feedback about the quality of the service was encouraged and any information received was used to aid learning and drive improvement across the service.

The manager and staff monitored the quality of the service by regularly undertaking a range of audits and speaking with people to ensure they were happy with the service they received. People and their relatives, told us the management team were approachable and included them in discussions about their care and the running of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Risk assessments were in place which were updated regularly.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

### Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice.

Staff received a thorough induction and ongoing training which was designed to reflect the needs of the people being supported.

People had their nutritional needs met where staff were responsible for meeting this need. Staff ensured people's health needs were followed up if they had a concern.

Staff had attended training on the Mental Capacity Act 2005 (MCA) and promoted choice and independence whenever possible.

### Is the service caring?

Outstanding ☆

The service was very caring.

Staff were particularly kind and compassionate and had a deep understanding of the impact of their caring actions.

The registered provider, registered manager and staff often went above and beyond to show people how much they cared.

People's end of life wishes were met with compassion and great respect was also shown for the needs of friends and family.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff supported people to improve their lives by promoting their independence and wellbeing.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example. Staff were motivated and inspired to develop and provide quality care.

The registered provider and manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People and those important to them were involved in discussions about the service and their views were valued.

Quality assurance systems drove improvement and raised standards of care.

# Bluebird Care (Plymouth and South Hams)

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 27 and 28 September 2016 and was announced. The provider was given two days' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office. The inspection completed by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. It also included the results of questionnaires we had sent to people, staff and professionals who knew the service well. We also reviewed notifications we had received. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with two people and one relative. We reviewed five people's records in detail. We also spoke with five members of staff and reviewed four personnel records and the training records for all staff. We were supported on the inspection by the registered provider and the manager.

Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

After the inspection we sought the views of a number of professionals who know the service well. We spoke with four health and social care professionals. This included the manager of a local sheltered housing accommodation where Bluebird Care provides support to people, an occupational therapist, a community

nurse and a social worker. We also spoke with two people who use the service and a relative by phone.

## Is the service safe?

### Our findings

People told us they felt safe when supported by staff. People felt comfortable speaking with staff and told us the manager and staff would address any concerns they had about their safety.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "Absolutely, they'd listen. They wouldn't ignore it." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People's safety was promoted by staff who understood how to help people feel safe at home. Care plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings. People and their relatives confirmed staff followed the care plans. A staff member explained, "The care plans say how to let yourself into people's houses. I always call out as I go in so they know who it is; and if it's someone I haven't met before, I always introduce myself. I always explain what I'm there to do."

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

There were sufficient numbers of staff available to attend people's calls on time and keep people safe. The PIR stated, "Staff must not be rushed we must allow them to leave feeling they have done a great job." One member of staff told us, "The calls all have the right time for each person. Some people like time at the end to chat too." Another staff member explained they used any spare time to do any other tasks the person might want doing. They told us, "I always ask them first and chat whilst I'm doing it." One person confirmed, "They're not always clock watching. It's nice"; and a relative explained, "They're careful to stay as long as they should. It's nice, as they have a chat if they have some time to spare." A member of staff told us they felt one person's call had recently become rushed. They had reported it to the office staff who were reviewing the person's needs to see if their call time needed extending.

The PIR stated staff's punctuality was monitored and improvements were made where possible. It also explained a new computerised system, due to be implemented, would allow staff in the office to monitor call times more closely.

As far as possible, people had a consistent team of staff who supported their needs. People confirmed they were informed in advance which staff members would be attending their call and were contacted if there were any changes. One person told us, "Now I get regular carers, its better as I can get to know them." The PIR stated that in the future, the registered provider intended to improve the way staff were matched to the people they supported as they believed, "Good continuity of staff equals happy and well served customers."

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Risk assessments regarding how to support people to move, contained detailed guidance for staff about how to minimise risk. However, other health needs such as diabetes, risk of skin breakdown or urinary tract infections were not always included in people's risk assessments. This meant staff did not have clear guidance about what the risks to the person were and what they should do to help mitigate the risks. The manager and registered provider told us they would review people's risk assessments to ensure all risks relating to people's health and social care need were included.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines; and staff who administered medicines had received regular training and had their competency administering medicines assessed.

People's individual care plans described the medicines they had had prescribed, and the level of assistance required from staff. These guidelines also included information about people's medical history and how they wanted to be supported with their medicines. Some people had been prescribed medicines to be taken, 'as required' but their records did not contain guidance for staff about what the medicines were for or how staff would know they needed to be administered. The manager told us they would include this information as part of people's medicines records in the future.

Where necessary, records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. However, times when people's family members regularly gave people their medicines were not recorded in people's medicines records. This meant it was not always clear which medicines staff were responsible for and which they weren't. The manager told us they would update records to specify which medicines staff were responsible for administering. Any errors to administration or recording were reported and action taken where necessary to help ensure the error was not repeated. One person told us that even after a staff member had made a small error, a senior staff member had attended the next visit to observe the member of staff administer the medicine and check they were competent.

## Is the service effective?

### Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "All the carers are lovely and efficient. They do what they're meant to and on time" and "I think they've got the right people doing the right jobs." A professional commented they had always received positive feedback from people and their families regarding the care and support received from the staff.

New members of staff completed a thorough induction programme, which included being taken through all of the service's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. One staff member told us, "I shadowed a senior member of staff and found it very useful. I was ready to start working alone after that." Staff were observed providing support, as part of their induction, to help ensure they understood their role and were meeting the standards expected of them.

On-going training was then planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as dementia awareness. Staff told us they had the training and skills they needed to meet people's needs. One staff member explained, "If there's anything I feel I need a refresher on, I only have to come in and ask and they provide it. They're always offering training." The manager explained, after training, they spent time with the staff member responsible for training, to reflect on feedback received and look at what training was needed in the future. They told us this helped the staff member feel supported and helped to constantly improve the quality of the training.

Training was also provided to staff which focused on the specific needs of an individual, for example how to help them move safely or how to support them effectively when they were feeling anxious. When appropriate, people or their family members were also involved, to help ensure staff understood the person's needs. One person confirmed, due to their needs, new staff always shadowed the care they needed first before providing support to them. They also explained if they ever had concerns about a staff member's understanding of the correct procedures, further training and support would immediately be provided for the staff member.

In addition to taught courses the manager arranged 'learning with lunch' sessions. They told us, "It's important to give staff the opportunity to get together and have a chat. We provide lunch and update them on anything they need to know, then we provide refresher training or invite experts in to give a talk." They explained a talk had recently been given by the local hearing and sight centre adding, "Many of the staff didn't know it existed but now they do several carers have already taken people there to benefit from their services."

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "In my supervision, [...] told me, if there's anything I'm unhappy about, to let them know and I felt they were actually listening and would follow things through."

Supervisions sometimes took the form of practical observations, when senior staff observed staff work, which were then discussed to identify good practice and identified any areas for improvement.

Staff told us they felt supported by the manager and senior staff. A staff member told us, "You can phone up about anything. You can come into the office and you don't have to talk about work." The manager explained, "When staff come in to the office, they're made to feel welcome and we make time to chat with them. We want to hear what's important to them and get feedback about what's happened during their calls."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had received training and were due to receive refresher training. No-one using the service was assessed as lacking capacity. The manager and a senior staff member had recently audited files to check that where people had a lasting power of attorney in place, all the correct records had been completed. This was so the staff new who to contact in case someone's capacity was assessed as having changed.

People told us staff always asked for their consent before commencing any care tasks. One staff member told us, "I always ask before I do anything and check they're happy with it." People had been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan. Some people had signed but some records had been signed by relatives. This meant it was not clear whether the person had agreed or not. The manager told us they would ensure people who could sign were enabled to do so and where people hadn't signed, it was recorded why.

People told us they were able to make choices about what they had to eat. Staff were all aware of people's dietary needs and preferences and told us they had all the information they needed regarding people's individual needs. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans. For example, one person's care plan recorded, "I like to have a bowl of porridge made on the stove." This was particularly important to them and a staff member told us, "I am going to practice doing that at home, because I can't let them down." Care plans also gave guidance for staff about what food and drink to leave out for people so they could still eat or drink after the staff member had left.

Where people were at risk of weight loss, staff told us what measures were in place to monitor the person's weight. They described how they used their knowledge of the person to encourage them to eat more, for example leaving snacks for them to eat throughout the day or only providing small portions so the person did not feel overwhelmed.

Staff were sensitive to people's changing health needs. One person told us, "They're good at asking how I am and I can tell them if I feel unwell." Their relative added, "They do comment to me too if they think [...] isn't feeling very well." Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. For example, due to their health needs, one person had needed a different kind of bed. The staff had supported them to get the correct bed for their needs and they told the registered provider they were, "Over the moon."

During a particularly hot spell, all people supported by the service had been sent a leaflet about the importance of drinking enough and staying out of the sun, in order to maintain their health.

## Is the service caring?

### Our findings

People were supported by extremely kind and caring staff. People told us they felt well cared for and spoke highly of the staff and the quality of the care they received. Positive feedback received from people and relatives included, "A big thank you for all the great support and kindness shown by your team", "[Staff member] was born kind and goes that extra mile", "My mother enjoys her carers' visits. The care staff have been wonderful - friendly and obliging and caring" and "I have been with Bluebird Care for years, and have found them very good and kind"

The registered provider's strong ethos of caring, was reflected in the compassionate way staff treated people. They told us, "We care about staff and that builds a culture of caring that is passed to the customers." They told us they were proud of compliments they received saying staff were doing "A wonderful job" and that people were "Overwhelmed" and "Pleased" with the service they provided.

The registered provider told us they felt they and the staff team regularly went above and beyond, to help ensure people felt cared for. A member of staff explained, "You go that extra little bit for people." They then described how they planned to make hampers for all the people the service supported at Christmas. They told us, "I've written to hundreds of shops for donations. All the staff have donated money too so we can buy everyone a Christmas present, something that they'll like. We've got eight free meals so far we can take customers to; and I'm just arranging trips to the theatre after Christmas for those who want to go."

Examples of occasions staff had gone the extra mile to show people how much they cared were shared with the staff team and celebrated. The registered provider described how staff members had organised a visit, in their own time, to one person for their 90th birthday. One of the staff members had fed back, "She was over the moon as she never goes out. This brightened her day. I got a photo framed of it and it has pride of place in her lounge so she can look at and smile about."

Staff spoke about the people they supported with affection and kindness and understood how their caring actions affected people's lives. Comments included, "It's nice to help other people. I go out of my way to treat each customer as a person. I have a giggle with people and they enjoy that" and "I enjoy putting a smile on people's faces. I like to make a difference to their morning."

The registered provider gave further examples of when they and the staff team had gone over and above their paid caring responsibilities to make people feel special. They explained, "A customer having suffered a severe stroke was confined to their home due to poor access. The customer had been frustrated about not being able to get outside. In our own time, I and another care worker, worked creatively with a taxi driver, to safely allow the customer to exit their home using the ramp from the taxi. We organised an accessible taxi and took them to the seafront for a coffee. This was the first time they had left their house, sat in the sun and breathed fresh air in six months." The registered provider also explained how they had continued to support one person, who had recently been moved to a residential care home and were feeling particularly lonely there. They told us they arranged two visits per week, free of charge, to the person for seven months to keep them company, until the person was able to move back home again. The registered provider told us, "[...] said our staff were a lifeline to him through this time."

People received compassionate end of life care, when needed, and their friends and relatives were supported as far as possible. The registered provider described how office staff had worked alongside one person's relative to help ensure the person's wish to die at home was fulfilled. The person's relative fed back to office staff that they did not feel this would have happened without the support of the Bluebird care staff. The registered provider told us the person's goal was "Realised with compassion, understanding and professionalism." A healthcare professional confirmed staff had worked supportively with the person's relative to help ensure they felt as involved as possible in the person's care. In feedback received by the service, the person and their relative described Bluebird Care as supportive and caring, and the staff as lovely; explaining how they both looked forward to the visits. They told office staff how much happiness singing with the staff members had brought to the person, adding, "Your girls have been angels for both of us." A healthcare professional told us they felt staff had been very professional throughout the support they provided. Even though the staff had only known and supported the person for four weeks, they attended their funeral.

Staff showed a deep concern for people's wellbeing in a caring and meaningful way, and responded to any changes swiftly. A staff member told us, "I help bring people out of it if they're feeling stressed or anxious; even if it's just making them a cup of tea or talking things through with them." Another staff member had recently reported to the office staff that someone was low in mood. They had stayed with the person longer than the call time to try to help them feel better. The registered manager visited them immediately and this was followed up by a visit from one of the office staff to chat about whether there was anything they could do to help. They identified the person was feeling lonely so, with their permission, contacted a befriending organisation. The person now receives support from the organisation.

The PIR stated one of the values of the service was to treat customers with kindness, compassion and dignity at all times. Staff said they respected people's privacy and dignity and were aware of confidentiality when visiting people. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would place towels over people when supporting them to wash and do whatever they could to make the person feel comfortable. They said, "I reassure people if they feel a bit embarrassed." One person confirmed, "I've known most of the staff a long time but dignity is still a big thing with them. They always ask if everything's alright and I feel I could say anything to them."

People told us staff were respectful of the fact they were in someone's home. Staff members told us they always respected people's routines and how they liked things done. A staff member explained, "I make sure I chat to people. It can be strange having someone different in your house." One person told us, "Staff chat to my family but always make sure they're not in the way; and they always make sure they put things where they should go."

People's care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. One staff member told us they felt part of their role was, "To keep people independent and in their own home for as long as they wanted to be." The registered provider described how the manager had worked hard liaising with relevant agencies to realise their wish to return home after being moved into a residential home. They told us, "This process of them returning home took over two months due to the complexity of the customer's health and mobility needs. The manager led the discharge liaison to realise a promise to the customer to get them home before the end of August 2016." Another staff member told us, they had been keen for one person to regain independence and staff had worked with other organisations to help ensure the person had the correct equipment available and that staff were trained to use it. They told us, "They're determined to get back on their feet. Their strength is coming back now they're using their legs. The office staff have referred them for physio to help as well." One person told us, "I do as much as I can for myself and the staff understand I want to stay as

independent as long as possible. They all tell me I'm doing fine."

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals' care records. One staff member told us, "I take a genuine interest in people's lives. It's important to remember how each person likes things. It's the small things, but they may be big to the person."

People told us, staff listened to them and took appropriate action to respect their wishes. A staff member explained, "I always ask people how they are and whilst I'm providing support, I ask if they're comfortable. If they feel comfortable with you, they're more likely to tell you what they want." One person confirmed, "You ring the office and you get through to the right person. If they can't help you, they'll get back to you. They seem to want to help."

## Is the service responsive?

### Our findings

People had care plans that clearly explained how they would like to receive their care and support. For example one person's care plan advised they liked to start drying in the bathroom after washing but then finished getting dry in the bedroom. They told us staff respected all the information that was in their care plan. Another person told us, "I've read my care plans and I'm happy with it."

The PIR stated people's care plans, "Take into account customers' personal history, interest and their ambitions. Giving customers maximum control of their care and their life." A staff member told us, "Care plans are always very detailed and tell me specifically what the person wants. It's easy to understand from them what support the person needs." The PIR explained staff were required to read care plans before they visited people. Staff confirmed this to be the case and told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered provider explained they would soon have computerised systems for care plans which staff would be able to access via a handheld device they would keep with them. This would help ensure they had constant access to people's up to date care needs and would give the office staff instant detail of what care had been provided on each call. This would help them monitor that care had been provided according to people's needs; or identify where people's care needs were changing.

People were involved in planning their own care and making decisions about how their needs were met. The PIR explained, "Customers and, where it is appropriate or desired by the customer, loved ones, advocates or representatives contribute to care planning." This helped ensure people's views and preferences were recorded, known and respected by all staff. One person told us, "Any changes I want to my care plan are simple to do."

People told us their needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. A professional confirmed they had regularly been invited to attend people's reviews, which had also included family members. The manager aimed to review people's care plans on a regular basis and more frequently when someone was new to the service. This helped ensure people were receiving the correct care and support for their needs.

Staff told us, and people confirmed, when there were changes to people's needs, these were communicated to the office swiftly. The PIR explained listening to staff about the needs of customers enabled them to take timely action to help ensure the person's needs were met. People were consulted about any action to be taken and care plans were update with any new guidance for staff.

The service was flexible and responded to people's needs. People and their relatives told us the staff were flexible and would often provide support in addition to set arrangements. For example, one person told us they sometimes asked for an extra call at the weekend when their family member went out. They told us this was provided without any problem.

People's concerns and complaints were encouraged, investigated and responded to in good time.

The PIR stated senior staff created a, "Culture of encouraging communication, including complaints and other feedback." The service had a policy and procedure in place for dealing with any concerns or complaints and staff had recently been reminded of the policy and what their responsibility was within it. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People told us they had had no reason to complain, comments included, "If I ring the office, they will do what I ask. I have no complaints" and "I'm confident the office would listen if I had a complaint or concern."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. They were reviewed every six months and changes had been made to improve the service as a result of themes that had emerged. For example, following concerns raised, staff were now trained in certain domestic tasks to help ensure they understood the standards expected of them. Complaints were discussed regularly at meetings with senior staff and care staff to help ensure all actions were taken in a timely way.

## Is the service well-led?

### Our findings

People and staff told us the service was well led. A compliment received by the service stated, "Bluebird care has a great reputation here. Your reputation is fantastic." A member of staff told us, "Bluebird Care are a great company to work for. I would recommend them to anybody that needed support or care;" and a professional told us, "Bluebird would be one of the services I'd recommend." The registered provider told us, "We want to make this an outstanding business", and the manager explained, "You need to have a plan about how to achieve that. We have developed a strategy and we've worked really hard at it."

A manager was in post who had overall responsibility for the service. They were new to the organisation and were in the process of registering with CQC. They were supported in their role by the registered provider and by other senior staff, who had designated management responsibilities. There were clear lines of responsibility and accountability within the management structure. The PIR explained the manager and staff were well supported by the overarching Bluebird company which shared best practice on training, care planning, technology integration and retention. The manager told us they planned to visit other Bluebird Care offices, to learn from the registered managers what worked well. They would then use these ideas to improve the service.

People and staff described the management of the service to be approachable, open and supportive. They also confirmed any requests or concerns they raised were dealt with efficiently and they never needed to call back to remind anyone to take action. One member of staff told us, "They are very supportive and always happy to help." Another member of staff told us, "I feel I could always talk to the office staff if I was worried or had any concerns. All the staff are helpful." A professional fed back that whenever they had contacted the office they had always found the response to be professional, co-operative and made in a timely manner to ensure the best outcome for people. Other professionals who had involvement with the home also confirmed communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

Staff told us they felt empowered to have a voice and share any opinions and ideas they had. Comments included, "We do feedback and they do listen." Staff meetings were regularly held to provide a forum for open communication and update staff with any feedback received or required improvements to practice.

The registered provider explained they wanted people to be safe and happy and felt that in order to provide that for people, they needed happy, staff who didn't feel stressed. They told us, "We need to value our care workers to provide a good service to people." They explained in order to achieve this, they had recently restructured the rota to include a two hour break during the day for each staff member, to enable them to meet any commitments they had outside of work. This had involved consulting all the people who used the service and agreeing new call times for some. The registered provider explained they also ensured staff had regular weekends off and didn't work long hours. One staff member confirmed, "At my interview, I was told I'd get every second weekend off but I didn't really believe them. It actually happens though and they try to give me my other days off together so I can visit my family. They said in the induction it's important to have a life outside work so you continue enjoying work." Feedback received from a staff member said, "Bluebird are

very supportive with their carers and their customers."

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The registered provider explained, "We call the people we support, 'customers'. This sets the correct ethos for staff. The PIR explained the service promoted a, "Culture of high quality and high standards with an ethos of constant improvement." Staff had clearly adopted this ethos and enthusiasm and this showed in the way they described their work. One staff member confirmed, "We expect high standards of ourselves and each other. Every staff member does their bit so everything gets done." The registered provider explained part of the recruitment process was to ensure any new staff would fit in and understand the values of the service.

The registered provider explained, via the PIR, that high staff moral and respect was related to staff retention. They therefore, rewarded staff for going above and beyond with 'care worker of the month' and care worker of the year awards based on compliments received about the staff member. They added, "This sets a positive culture for the service." The manager told us they prioritised sharing compliments with staff members explaining, "It's no good sitting on my desk, we action them straight away." Staff were also invited out to a meal every six months to thank them for their work.

The manager and registered provider valued people's feedback and acted on their suggestions. People and those important, to them had opportunities to feedback their views about the quality of the service they received. One person told us, "Everyone in the office has been to introduce themselves. They all asked if there were any concerns. The registered provider has visited too, to ask how I find the service."

People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. The manager explained, "We'd really like to get people involved in how we improve the quality of the service. We invited people to the office with their families so we could introduce this idea to them. We also gave them time to provide feedback and ask any questions they wanted to, about the service." They added, "It's about transparency. We were proactive about offering the opportunity to be open about whatever people wanted to know." The registered provider explained people and their families had also used the meeting as an opportunity to share experiences. This opportunity would be continued, alongside encouraging people to contribute to developing the service.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. For example, where gaps in people's records had been identified, an action plan had been created. The records of people with more complex needs were prioritised. In addition, a member of staff from the Bluebird Care quality team conducted an audit and fed back areas of improvement. The manager told us they were working through the actions highlighted.

The registered provider was open and honest about when they had not felt happy with the quality of the service and described the actions they had taken to improve the way it was operated. They understood the requirement to apologise if something goes wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. One person told us, "Things have now changed for the better."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the manager or registered provider, and were confident they would act on them appropriately.