

Cojam Limited

Bluebird Care

Bournemouth Office

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?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

Bluebird Care (Bournemouth) is a domiciliary care agency. It provides care to people living in their own houses and flats in the community. The inspection took place on 6, 10 and 11 April 2018 and was announced. We gave the provider two working days' notice to ensure people and staff we needed to speak with were available.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. At the time of the inspection visit Bluebird Care (Bournemouth) provided care and support for up to 54 people living in their own homes. The majority of the care packages were privately funded.

The service had a registered manager. 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.

People gave positive views and were very satisfied with the quality of service they received from Bluebird Care (Bournemouth). People told us, "I have found them to be excellent" and "Overall they are very, very good." We received positive written feedback from health care professionals that were involved with the service, comments included, "We have been very pleased with the service we get from Bluebird Care (Bournemouth) and have no hesitation in recommending them to other services."

The service actively engaged with the local community. The provider had established effective partnerships with partner agencies to provide supportive services to vulnerable people in the local area. This included an information service where they worked in collaboration with local independent agencies to provide practical information to vulnerable people who may be lonely or need specific advice and guidance to maintain their health and well being. Additionally, they had implemented a large variety of events, incentives and schemes to benefit a range of people and help them improve their health and well being. People received birthday cards and gifts such as flowers or chocolates on their birthdays or special anniversaries. During the Christmas period cards and gifts were delivered to people and the provider encouraged and supported people to attend any social or festive events that they had organised, for example the Christmas party and afternoon tea parties they ran.

Staff spoke knowledgeably about maintaining people's safety and knew how to identify and raise concerns regarding any potential abuse. Every person we spoke with told us they felt safe with all the care staff employed by Bluebird Care Bournemouth. They said care staff treated them with respect, maintained their dignity and were friendly, kind and gentle when supporting them.

The provider was committed to ensuring staff felt appreciated, valued and positively motivated. Staff spoke passionately about their respective roles and told us they felt proud to work for Bluebird Care Bournemouth.

Staff expressed complete confidence in the management team and said there was a clear, effective management structure that ensured they were listened to and fully supported in all areas of their roles. Staff told us they felt valued and appreciated and gave examples of thoughtful gestures they had received from various management team members. The provider ensured staff were given consistent support and guidance to enable them to provide high levels of care and support. Staff spoke of the 'Open door' culture that was available for them and said there was always someone they could speak to at any time, if they needed further advice and guidance. Staff were consistently well supported by a robust system of supervision, observations, spot checks and annual appraisals.

There was a strong organisational commitment to continuously improve the service people received. Systems were in place to ensure performance management processes were effective. The provider had a detailed action plan that was analysed, discussed and reviewed each week at a management level. This ensured a programme of continuous improvement was in place, monitored and sustained.

There was a robust recruitment and induction process for staff which ensured people were cared and supported by staff who had been safely recruited.

People told us staff were well trained and knowledgeable and delivered their care and support in the way they preferred. Quality training was delivered regularly and delivered by both in house trainers and through the use of independent training companies and electronic systems. Staff said they found the training useful and delivered well.

The provider had a strong focus on the use of technology and how its' use could improve people's experience of the care and support they received. The use of technology supported the provider to plan, deliver and monitor people's care. This led to people receiving safe, effective and responsive care and support.

Medicines were managed safely. Care staff had instant access to information about people's medicines and care needs on their mobile phones. This ensured care staff were provided with accurate, up to date information in order to support and administer medicines to people.

People's rights were protected because staff and management had a good working knowledge of the Mental Capacity Act 2005. People's consent to their care had been sought in line with legislation and guidance.

People told us they received good, personalised care and support from a regular staff team who knew them well. People and staff received clear weekly rotas that showed which member of care staff was delivering the care and at what time. People and care staff told us visit times gave care staff enough time to complete their role and travel times between visits were realistic.

There were systems in place to protect people and the security of their home when they received their care and support. Care staff wore uniforms and carried identification to ensure people knew who they were.

People and staff told us communication within the company was good. Staff spoke positively of the different communication systems in place which they found, "Very useful." People confirmed they were kept informed if care staff were running a little late. One person told us, "They are rarely late, but if they are they call me straight away."

There were robust quality assurance systems and a range of policies and procedures to enable people to receive safe, effective care and support in their own homes. People's views on the service were regularly

sought. These views were then reviewed and analysed to monitor the level of service provided and drive forward improvement.

People knew how and who to complain to if they needed to. The provider had a complaints policy which gave people clear guidance and timescales to follow if they needed to complain. Complaints had been investigated and acted upon in accordance with the providers' complaints policy.

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 had been safeguarded from the risk of abuse.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

People's medicines were managed safely for them by trained and competent staff. Technology was being fully utilised to ensure people received their medicines safely as prescribed.

Is the service effective?

Good ●

The Service was effective.

People were supported by staff who were themselves supported through regular supervision and training.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good ●

The service was caring.

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

People told us staff involved and consulted them about how they wished their care to be provided.

People's dignity and privacy was preserved at all times.

Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care from staff who understood their care needs well.

The service was flexible and responsive to changes in people's needs.

Concerns and complaints were investigated and responded to in good time by the provider.

Is the service well-led?

The service was outstandingly well led.

The provider had created a positive, open and supportive culture and value system which placed staff and people at the heart of the service.

The provider valued their staff, developed them and had identified ways to retain them to ensure a continuity of care for people.

The service had strong links with the local community and were an active part of it. Links with community groups were used to promote the importance and value of social care to people and to access training and development opportunities for staff.

The management team provided clear, supportive leadership and were valued by their staff team.

There was a strong emphasis on continually identifying ways to improve the service for people.

Outstanding 

Bluebird Care Bournemouth Office

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 6, 10 and 11 April 2018, with visits on 10 April 2018 to people who use the service and phone calls to additional people who use the service on 11 April 2018. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one Care Quality Commission inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service. A notification is information about important events which the provider is required to tell us about by law. Additionally, we contacted four Health Care professionals to obtain their views of the service.

During the inspection we visited four people in their homes and spoke with another six people on the telephone who used the service. We spoke with five members of office staff which included a director, the registered manager and an additional four members of care staff. We checked four people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

The service had not previously been inspected.

Is the service safe?

Our findings

We asked people if they felt safe with the care staff. People replied "Most definitely, yes" and "Of course, all the time, I've no concerns." One person told us, "I always feel very safe, absolutely I know them well." Another person told us, "I get a slip of paper telling me who is coming, so I know who to expect." One person told us, "It's such a relief to know I have someone I trust to help me."

People were kept safe by staff who understood their role and responsibility regarding safeguarding procedures. Staff spoke knowledgeably about protecting people from abuse and how to recognise the different signs of potential abuse. The registered manager had made relevant referrals regarding safeguarding concerns and there were detailed policies and systems in place which provided clear guidance for staff. Staff were given useful memory jogger 'flash cards' which outlined the different types of abuse and included contact telephone numbers that staff would need if they were required to raise any concerns. Staff were also given additional training in safeguarding children as part of their induction process.

Detailed risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. People's risk assessments reflected their abilities and included how people wished to be supported. If people were at risk of falling and had the use of a lifeline emergency call device, this was referred to in their care records. Care records prompted staff to ensure people wore their device to maintain their safety. People's home environment had been assessed to ensure people and staff were protected from avoidable risk. These were detailed and covered all areas such as, moving safely around the home, electricity and electrical appliances, kitchen and food handling and the external environment and hazards. For example, 'Care staff to ensure they are wearing the appropriate footwear for the current weather conditions'.

The registered manager told us about the specific diabetes risk assessment that would be developed and carried out on all people who lived with or were at risk of developing diabetes.

There was a system in place to record, review and analyse accidents and incidents. Through analysis of these events staff were able to identify any developing trends and take preventative action to prevent re occurrence.

Staff told us how learning from incidents took place and how this knowledge was shared at staff meetings to enable staff to provide safe care and support for people.

The registered manager told us the service had recently appointed a member of staff to become a whistleblowing champion. They would use their role to provide support to staff and make themselves available if required.

There were arrangements in place to keep people safe in an emergency. There was a 24 hour on call system in place for people who used the service and staff to contact in emergencies or where they needed additional support. The provider had completed a risk rating on each person to ensure people were

prioritised safely in the event of an emergency. This system had worked well during the recent bad weather and had ensured all vulnerable people had continued to receive their care and support during the period.

The provider operated an electronic care record system. This enabled office staff to monitor and review people's visit times and the system raised an alert if a visit was more than 15 minutes late. This allowed office staff to identify any particular issues that may arise and allow additional time to be allocated if required. Care staff told us the system worked well and if people needed more time to receive their care and support safely this was then scheduled. One staff member told us, "The system is really good, it automatically shows if we are struggling to make any visit times, we then tell the office staff so they sort the scheduling out, it's worked well."

People confirmed there were enough staff with the right skills and knowledge to support and meet their needs. They said they received their care at the right time and care staff were rarely late, they told us they received a phone call from the office staff if their care staff had been held up and may be a little late arriving at their visit. One person told us, "They come in every morning, bang on time. They do anything that needs to be done, they have been very, very good." Another person told us, "They phone me if they are going to be late, they have never not turned up, I can't fault them."

The provider organised their care staff team to cover two geographical areas. This enabled people to receive their care from a relatively small team of care staff who they got to know well. When new staff started working for Bluebird Care Bournemouth they were introduced to people by experienced care staff before starting their role. One person told us, "They are extremely good, a lot of the care staff I know, I don't always get the same person but they always introduce the new ones. I have my favourites of course." One person said, "I normally get the same two girls, it's pretty regular, it's all been very decent." We reviewed the visit rotas that were sent out to people each week. These showed which staff would visit and the times and length of the visits. People told us they received their schedules each week and they could rely on them for accuracy.

Staff told us they were given realistic travel times to ensure they reached their people on time. Lengths of visits started at thirty minutes, staff said they were given sufficient time during their visits to give people quality support and care. People told us care staff spent time with them, did not rush and checked to make sure they had everything they needed before leaving them. One person told us, "They all know exactly what I want. They always check to make sure I'm ok. They do a good job and ask the correct questions."

There were robust recruitment policies and procedures in place. We looked at the recruitment files for three recently recruited members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, full employment histories, fitness to work statements, psychometric testing and previous employment references. Records showed a detailed record was made of the applicants job interview to ensure there was a record of what had been discussed. Any recruitment risks had been fully documented and investigated. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

People told us care staff helped them with their medicines which ensured they received their medicines safely and as required. One person told us, "They remind me when to take my tablets, that has been very useful." The provider used an electronic system to manage people's medicines. This provided clear information about people's medicines and included, what medicines people took, how to administer the medicine and, when to administer. Staff told us they had found the system easy to use and very helpful if they needed additional information on people medicines.

People's medicines were managed and administered safely. Staff were trained in administering medicines and their training was updated regularly to ensure they remained competent to administer medicines. Staff had spot checks completed on them which included medicine administration and infection control procedures.

People's Medicine Administration Records (MARs) were electronically generated and colour coded for ease. Where people had prescribed creams, there were colour coded body maps in place with clear instructions for staff on how to apply these. People's MARs contained sufficient detail and were complete. There was a system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe. People's allergies were recorded and if people needed time specific medicines, for example such as administering medicine at the same time as meals, there was a system in place to ensure visits were scheduled to enable these medicines to be administered to people at the correct time.

The electronic system allowed care staff to have instant access to information about people's medicines. Any changes to people's medicines were immediately entered onto the system which ensured care staff received accurate information. Once medicines were administered care staff electronically signed people's MARs. If a member of care staff had not administered a person's medicines as scheduled the system alerted the care staff on their mobile phone. The office staff were then alerted if the care staff went on to leave the person's home without administering their medicine. Staff told us this system had reduced the risk of them forgetting to administer people's medicines or forgetting to sign the MARs. This use of technology meant risks to people associated with medicine administration were managed safely.

Staff told us they were supplied with their personal protective equipment such as gloves and aprons to ensure they were able to care and support people safely. Spot check observations conducted on staff covered the appropriate use of PPE and their understanding of infection control processes. People confirmed care staff wore their personal protective equipment which ensured the risk of cross infection was minimised.

Is the service effective?

Our findings

We received positive written feedback from health professionals who had dealings with the service. Their comments included, "The service they have provided has been perfect for our client group and they have been very quick to bring any concerns straight to management." And, "Bluebird Care (Bournemouth) have been very prompt and professional at assessing. . .clients that have employed them to carry out their care have all given good feedback on time keeping and personal care needs."

There was a detailed system in place to assess people's health and care needs to ensure they received effective support. Initial assessment visits were comprehensive and outlined specific care needs tailored to each person which reflected their individual health needs and preferences. People received regular reviews and their care plans and records were updated when required to reflect their ongoing care and support.

Staff knew people well, had good working relationships with healthcare professionals and spoke knowledgeably about what action they had taken to ensure people received effective care. For example, one person's health had started to deteriorate. Care staff had identified the changes to this person's mobility which meant the person needed to start using a hoist for transfers from their bed. Care staff worked with health professionals to encourage and reassure the person regarding the positive impact use of the hoist would have on the person. Care staff ensured they were at the person's home when the hoist was delivered and installed so they could explain the process to the person and allay any fears.

People were supported by staff who had received a range of training to develop the skills and knowledge they required. The provider had a robust induction and training programme which focused on all areas of training and development for staff. Records showed new staff undertook the Care Certificate during their twelve week probation period. The care certificate is a nationally recognised training programme that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. Staff confirmed they shadowed more experienced staff for a while before they started to care and support people on their own.

We asked staff for their views on the training they had received from Bluebird Care Bournemouth. Staff replied, "The training is really good, they have put me through my level three and refresher training is offered all the time. The delivery is good and we all understand it." And, "I found the training good, there was a lot of it which was very useful, a lot to learn though." Another member of staff told us, "The training has majorly improved. I prefer the practical face to face training but it is all good."

The registered manager told us how a member of staff volunteered to be shaved by new care staff. This enabled care staff to get practical experience of shaving and provided unique practical training that care staff found extremely useful.

There was a clear system which showed what training courses staff had completed and which courses were scheduled for the future. Staff were encouraged to undertake a qualifications and Credit Framework (QCF) qualification in health and social care. Staff told us about the career development pathway that was in place

for staff to develop specialist subjects, for example stoma care and diabetes. Training completed by staff included safeguarding, infection control, medicine management, Dols and The Mental Capacity Act 2005, moving and handling, fluids and nutrition and end of life care.

Staff told us they felt very well supported by the management team. Staff received regular support and guidance through a variety of methods. These included one to one supervision sessions, observation visits, annual appraisals and competency assessments. Staff told us they found supervision meetings supportive and helpful. One member of staff said, "I have had to use the on call phone for advice, they always answer straight away and have been there for me with any advice or help I need. I always feel supported." Another member of staff told us, "They look after us really well, we have such happy staff. We all help each other out, we are just one big happy team."

People were cared for by staff who were well trained in relation to fluids and hydration and had written guidance to support them. The provider's electronic care records system provided clear information regarding people's nutrition and hydration needs and alerted staff to any fluid or food related health risks. This enabled staff to effectively monitor and review the risk of people becoming dehydrated or malnourished and ensure preventative action could be taken. People's care records gave staff detailed person centred guidance around supporting them with their food and drink in ways they preferred. For example, 'If required, please assist me to make a hot or cold drink of choice. I usually have black tea, medium strength, with one sugar but not stirred. Also, please ensure I have fluids available to me for the day.'

People were supported with their health care needs and any changes in their health were discussed with them and a referral to their GP or other health care professionals such as occupational therapists or speech and language therapists were made if required. Records showed staff made relevant, timely referrals to external services which ensured people received effective continuous care and support to maintain or improve their on going health care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's rights were protected because the staff acted in accordance with the MCA. Staff had a good awareness of the MCA and how it affected their work and had all received training in The Mental Capacity Act 2005. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

Is the service caring?

Our findings

All the people we spoke with praised the staff who worked for Bluebird Care Bournemouth stating they were, kind, compassionate, friendly, caring and professional. Comments we received included, "They are a lovely lot of girls, I couldn't do without them. They are all very, very nice" and "They are brilliant. I don't know what I'd do without them, they are like family now." Another person told us, "The help they have given me has been fantastic." And "They are absolutely top notch."

Staff knew people well and gave good examples of how they ensured people's respect, privacy and dignity was maintained, such as ensuring curtains and bedroom doors were closed when people were being supported with personal care. The provider had appointed a member of staff as a 'Dignity Champion'. The role was to promote people's rights to be treated with dignity and privacy. One member of staff said, "I make sure people are given choice with how I support them and I always ask their permission before helping them with their personal care. I let them do as much as possible because they prefer to keep their independence, but I'm there to help them if they are struggling."

During our visit to people in their homes we observed staff interacting with people. Staff showed warmth and compassion when supporting people and were knowledgeable about their personal histories, hobbies and life experiences. This enabled them to have meaningful conversations with people on subjects that were important to people.

We were given examples of how well staff knew people and how this benefitted their care and well being. One person had become confused and aggressive during a visit. The member of care staff used their knowledge of the person and responded quickly accessing music via their own mobile phone to play to the person. The music quickly calmed the person down and re-established their sense of well being.

People's wishes were respected with the gender of care staff that supported them. They confirmed the care staff respected their privacy at all times and always asked their opinion on how they preferred their support to be given.

People's different cultures and religious beliefs were recognised and respected. One person's religious beliefs meant that care staff had to observe certain 'rules' during purchasing and preparing their food. A clear, detailed guidance sheet was provided for all staff who supported this person to ensure the person's culture and beliefs were upheld and respected.

Staff were committed to ensure people received consistent care and support from regular care staff. The provider had a system of targets in place to record the levels of staff visit consistency. This allowed the provider to monitor and review staff visit consistency. With consistent visits from regular care staff, this meant people received their care from people they knew and were given the opportunity to build caring, supportive relationships.

The registered manager provided many examples of when staff had gone the extra mile for people and

explained the positive impact their actions had had on people. Examples included, staff going out of their way every day to do the little things that make a difference, such as picking up milk for people from the local shop in their own time on the way to visit them. Also, staff in their own time buying newspapers for people, when people had mentioned their family were away so they wouldn't be getting their newspaper. One person kept forgetting that the carer would be visiting. The member of staff sought approval and bought a small whiteboard for the person so they could write reminders on so that the person would know they were there.

Is the service responsive?

Our findings

People told us care staff knew how they preferred their care and support to be given. One person said, "There is nothing that they can't do. They know what help I need and they provide it. Nothing is too much bother for them." We received positive written feedback from two healthcare professionals. Their comments included, "Our experience with Bluebird Bournemouth has been one that is totally positive. They have been excellent with our residents, showing understanding and compassion the care they have given has been safe and client specific".

Before people started to receive a service from Bluebird Care (Bournemouth) people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People told us they had been involved in compiling their care and support records. This ensured care records contained personalised information that enabled care staff to care for people as they preferred.

During our visits to people we reviewed their care plans which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written, detailed and gave good explanations for care staff regarding how people would like their care and support to be given. For example one person's care records stated, "I have been advised to keep my legs elevated... at the end of each visit please ensure that you have raised my legs in my armchair completely. Please ensure the controller buttons for my chair are not tucked down my side, as this may accidentally raise my recliner."

If people had specific health needs in relation to moving and handling, clear, detailed information was included in their care plans to ensure staff mobilised the person safely and in the way they preferred. Daily records were detailed, written in a personalised way and included how people were feeling and what they had done during the day and what they had eaten and drunk.

We asked staff their views on the electronic care planning system. One member of staff said, "It's really clear, I can just check straight away, I've had no problems." Care staff had the electronic system on their mobile phones. This gave staff instant access to up to date information for people which helped ensure people received responsive, personalised care. Staff were also able to feedback concerns or changes to people's care immediately. If they wished, people using the service and their relatives could also access the system and ask questions of care staff or update any changes to their care.

People received their specific care and support as outlined in their care plans. Staff showed us how they ensured specific visit times were scheduled for people, for example in order to administer time specific medicines within the allocated time window. If people's health needs changed these were reflected in their updated care plans. Where people needed additional equipment and checks to maintain their health and wellbeing we saw these were in place. Where people were at risk of developing pressure sores we saw they had access to the relevant pressure relieving cushions and mattresses to prevent such risks occurring. Some people wore safety pendants to alert people if they fell or had an emergency; we saw clear prompts were included in care plans for staff to make sure people's pendants were in place or in an area where people

could reach them easily.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us they currently did not support anyone that could not tell them how they were feeling. Staff explained they allowed people to speak at their own pace, did not rush them and checked they had understood them correctly.

People told us they knew the procedure if they needed to complain. One person said, "I've never had to complain, but the number is right there if I need to." The provider had a clear complaints, suggestions and compliments policy that was included in people's welcome pack. The provider had received five complaints since September 2017. We reviewed these complaints and saw each complaint had been investigated and actioned in accordance with the provider's complaint policy.

People, relatives and staff were given the opportunity to comment on the level of service provided by Bluebird Care (Bournemouth) through a variety of ways, such as questionnaires, surveys and internet sites and reviews. The last customer quality survey had been sent out during the summer of 2017 and 16 questionnaires had been returned. The questionnaire covered a range of areas for people to express their views. Questions asked of people included, were people informed if their carer was going to be delayed, were carers in uniform and smart, was the care provided flexible and responsive to their needs and was there any aspect of the service received that people were unhappy or concerned about. The returned questionnaires were generally positively completed by people. Once analysed and reviewed any queries or weakness areas were followed up and actioned by the provider. The provider had completed a summary feedback report that stated Bluebird Care (Bournemouth) had been assessed favourably by their customers with 100% of returned surveys stating that Bluebird Care (Bournemouth) helped them to achieve their goals and they would recommend their services to friends or relatives.

The provider had a system in place to ensure people were protected from discrimination. Staff spoke knowledgeably regarding the providers' equality and diversity policy that ensured people and staff were treated equally and fairly.

Is the service well-led?

Our findings

The service had an open, honest and extremely supportive culture. People and staff told us they felt the service was well managed and with a clear, management structure and management team that were approachable and supportive. The registered manager told us, "I'm proud to wear my uniform. We stand for making a positive change for people to maintain their independence and work with relatives for the good of the customer." Staff were motivated by and proud of the service. One member of care staff told us, "I love it...they are so good at really listening to people and staff, they are there for everyone. I'm proud to work for them." Another member of staff told us, "I really enjoy this job. It took me a couple of months at first then everything fell into place. It's so nice to be appreciated." Another member of care staff said, "I feel valued here. It's the simple things like a customer calling to thank me and I get told. There are also a lot of schemes and reward such as carer of the quarter. They really concentrate on people as individuals both for staff and customers."

The provider was committed to ensuring staff felt appreciated, valued and positively motivated. Senior management told us they placed a strong emphasis on valuing and recognising achievements. They explained about an extensive variety of awards, recognitions, incentives and supportive schemes that were available for all staff to show their appreciation. These included monetary awards, gifts, flowers and cakes which were given for birthdays, special anniversaries and instances when staff have 'gone the extra mile' for people or colleagues. The provider had a 'Carer of the Quarter' award. Feedback on staff performance from staff and people was collated and analysed to determine which staff member would receive the award. The results were then publicised for people and staff to see.

The provider had introduced a number of measures to recruit and retain their staff in order to provide continuity of care for people. These included, guaranteed work hours, financial rewards for introducing staff and additional specific training that staff requested. Staff were also given panic alarms, flashlights, power banks to recharge mobile phones and a flask for hot drinks, when they completed their induction. Exit interviews were completed on all staff to check for any emerging trends or themes when staff left the employment of Bluebird Care (Bournemouth).

People and staff consistently told us communication within the service was very good. They spoke positively of the electronic software systems and told us the system worked well and was easy and effective to use. One member of staff told us, "Communication here is brilliant. We always know of any changes and get told everything as soon as we need it." Throughout the inspection staff we spoke with showed passion and commitment for the service and the people it provided care for. They showed us what changes they had made and explained what made them proud about the service. Records showed staff meetings were held regularly and copies of the minutes were made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

The provider gave a high level of support to staff. They recognised when staff may need additional support to help them achieve their aims. For example, by providing additional one to one mentor sessions and practical advice and guidance if staff were finding particular areas of training difficult.

Meeting records showed staff were listened to and plans put in place to implement staff suggestions wherever possible. The provider recognised some staff may not feel confident speaking up at a large meeting. To help staff in this instance an 'open door' policy, email facility and an anonymous suggestion box was available for all staff to use if they wished.

The provider valued and listened to the views and experiences of their staff. The provider had completed a staff survey during December 2017. The survey covered areas relating to their role as a carer, whether staff felt valued, if they felt supported, their views on the training they received, their views on development as well as practical areas such as whether visit travel times were sufficient, visit rotas and any improvements they may feel could be made. Analysis had been completed with staff replying positively to the areas raised. Comments included, "I love enabling clients to live independent lives. I like meeting people who I regard as friends the more I work with them." And "Support from other carers and office staff is the best", "Great support and advice, no problems" and "The management team are freely available if I have any questions or problems...I feel very well supported. All my thoughts, feelings and opinions are listened to." Through the staff survey, opinions were sought from staff to enable the management team to identify the top three differences that care assistants wanted to see in 2018 in order to improve their working conditions and make them feel more valued. The resulting top three differences were, paid travel time, career progression and guaranteed working hours. Results from the staff surveys were collated, analysed and actions taken.

When people started receiving care from Bluebird Care Bournemouth, they were provided with a copy of the Bluebird Customer guide and welcome pack. This gave the person all the information they needed on the services they provided, what could be expected and how to contact the team.

Where people received care from a variety of providers or family members, the provider had implemented communication books in people's homes. This allowed an easy format for all care providers to share relevant and up to date information about the person to ensure their continuity of care.

People received birthday cards and gifts such as flowers or chocolates on their birthdays or special anniversaries. During the Christmas period cards and gifts were delivered to people and the provider encouraged and supported people to attend any social events that they had organised or were involved with, for example the Christmas party, Nativity play and afternoon tea parties they ran.

The service had developed effective community links to reflect the changing needs and preferences of people. The provider had built constructive links with the local community through attendance at an extensive variety of community engagement events. These included; giving a presentation to a local primary school during their 'super heroes' week. Staff and a person who received care engaged with the children during their 'toys' week and talked with them about toys past and present. This event was greatly enjoyed by all. Bluebird Bournemouth received the following feedback, 'The input Bluebird staff gave was perfectly aimed at the year group and so well delivered', 'We absolutely loved our visit', 'The children enjoyed it so much...they all went home talking about what it might be like to be that old, and did they know anyone they could help.' This resulted in people receiving invites to the schools nativity play, which again everyone enjoyed.

The provider also took part in The Littledown Family Fun Day, The Love Dorset Festival, The Shake'n'Stir Vintage Festival, Arts by the Sea, The Bournemouth Food and Drink Festival to engage with the local community. The provider told us both staff and people would be encouraged to participate, for example The Bournemouth Bay Run would be completed by a collaboration of two staff and two people in wheelchairs.

The registered manager had built highly effective relationships with the local branch of Age Concern UK. This resulted in an information service being sent by Bluebird Bournemouth throughout the year to people who may be lonely or need advice on practical issues. The provider had issued staff with advice and fact sheets with information to help support people in the colder winter months. These information sheets gave clear, practical advice concerning a range of winter risks such as, slipping on ice, the importance of keeping warm, the safe use of hot water bottles, awareness of carbon monoxide poisoning and the importance of eating and drinking well. The provider had devised a Customer Information Distribution Calendar which highlighted what information leaflets would be sent to who and when. This ensured people received a continual flow of helpful and practical advice and guidance throughout the year.

The provider compiled a quarterly 'Bluebird Care Bournemouth Newsletter' that gave local information and forthcoming events and news. This was distributed to Bluebird staff and people who used the service which enabled them to keep up to date with events and any changes in the service.

There was a strong emphasis on continuous improvement. There was a detailed improvement action plan in place that was reviewed by the management staff on a weekly basis. In this Bluebird Bournemouth stated they, 'Aim to continually reflect on challenges they face and improve their service for customers and staff.'

The registered manager told us they continually sought the views from people, relatives and staff to ensure they put people first and used their experiences to make improvements where required.

There was a wide range of quality assurance systems in place to monitor and where necessary improve the quality of service being delivered. People's experience of care was monitored through completion of regular questionnaires, and spot checks on the way the care staff provided care and support. Staff were knowledgeable about the providers whistleblowing policy, which was in line with current legislation.

There was a robust system of audits and Key Performance Indicators in place to ensure a quality service was maintained. Examples of audits included, incidents and accidents, staff supervisions and performance, environmental risks in people's homes and medicines. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.