

Kore Associates Limited

Bluebird Care South

Somerset

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?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care South Somerset is registered to provide personal care services and a range of support services to people living in their own home. The geographical area covered includes Yeovil, Wincanton, Somerton, Ilminster, Crewkerne and Chard. At the time of this inspection the service was supporting 94 people of which 74 were in receipt of varying amounts of personal care support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The level of support ranged from a couple of hours per week up to 24 hours, Live-In Care. The provider has two other Bluebird Care branches in West Dorset and Purbeck.

People's experience of using this service and what we found

People continued to receive a service that was safe. The staff team received the relevant training to ensure they safeguarded people from harm and managed any risks to their health and welfare. This ensured any risks were mitigated. Care plans included details about how moving and handling tasks had to be completed and the level of support the person needed with their medicines (if appropriate). The service had enough staff to meet the care needs of each person they supported and did not take on new packages of care unless they had the resources. Pre-recruitment checks were carried out to ensure new staff were suitable to support vulnerable people. Medicines were well managed, and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received the training they needed to meet people's care and support needs and were regularly supervised. They worked in small geographical areas and were overseen by a supervisor. The supervisors maintained regular contact with people and ensured they continued to receive the service they needed. The staff ensured people had access to the healthcare support they needed and had introduced an initiative called Health Assist – an assessment where vital signs were recorded when well, so that signs of illness were identified quicker. Examples of health care services Bluebird Care worked in partnership with included the GPs, district nurses, speech and language therapists (SALT) and other allied healthcare professionals. The service had been pro-active in researching alternative services because of the withdrawal of a pharmacy service and this would have impacted greatly on people's care. People were supported with eating and drinking where this was identified as a need in their care plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service was meeting the requirements of the Mental Capacity Act (2005).

The service continues to be caring and each person received person-centred care based upon their own specific needs. People were overwhelmingly positive about the service they received from Bluebird Care South Somerset. They were treated with respect and dignity. The service had introduced a new initiative since the last inspection – Bluebird Treat. The service aimed to deliver one treat per month – this could be a

range of things for example a special trip somewhere, a meal out or a social event. All staff we spoke with demonstrated great kindness and spoke respectfully about the people they supported. They told us they were proud to work for Bluebird Care.

The service continues to be responsive to people's health and social needs. People received person centred care and support. Their care plans were regularly reviewed, and care delivery was adjusted to take account of changes in care needs and health status. Referrals were made to health and social care professionals and other agencies as appropriate. When people were at the end of their life the service provided well trained compassionate care staff to look after people them and to support family. The service would work in partnership with family and healthcare professionals to achieve this.

Care planning systems were innovative and used the PASS System. Via the use of technology, the care plans could be updated and amended in 'real time' and the information relayed to the staff team immediately. This meant the staff team always were supplied with the correct information and could deliver the right care.

The service had responded to feedback from people regarding additional services that would make their lives better. A toe nail cutting service and a home hairdressing service had been implemented. The service had looked at ways they could address loneliness in rural communities, had organised Christmas lunch for 30 in a local pub and supported other services with Community Grants. People and their families were encouraged to make their views known about all aspects of the service and were listened to, the service making changes where appropriate.

The service continues to be well led. There had been a change in registered manager since the last inspection, They, the provider and the senior staff team provided good leadership for the staff team. There was a clear focus on continually seeking to improve the service people received.

The service used a range of methods to ensure the quality and safety of the service was maintained to a high standard. Where shortfalls were identified they were acted upon. The service had been recognised as an outstanding domiciliary care provider in a recent ceremony where they had picked up a bronze award.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Bluebird Care South Somerset

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Bluebird Care South Somerset is a 'domiciliary care service'. Personal care services are provided into people's own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was registered in October 2018.

Notice of inspection

This inspection was announced. We gave the registered manager and provider 48 hours' notice about the start of the inspection as we wanted them to be available.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service or their relatives and asked them for their views on the service they received. We also received feedback via email from nine members of staff and spoke with the registered provider, registered manager, eight senior staff and two care assistants.

We looked briefly at people's electronic care records, staff records and other records relating to the running of the service. This included the compliment and complaints file, results of 'customer' and staff surveys, other audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were looked after safely. All the staff we spoke with were aware of their responsibility to raise safeguarding concerns if they suspected something had occurred that may constitute abuse. The service had worked with the local authority when such concerns had been raised. Where shortfalls had been discovered in work practice, the service had acted to ensure this did not happen again.
- All staff received safeguarding training. Records were kept ensuring refresher training was completed before it became overdue.
- The provider's recruitment processes ensured people were looked after by suitable staff. Pre-employment checks included written references that were validated and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.
- New packages of care were not taken on if the service did not have enough resources to meet the person's care and support needs. The service adjusted the level of support to people whose health needs changed as and when required to ensure continued safety.

Assessing risk, safety monitoring and management

- As part of assessment and care planning any risks to people's health and welfare were identified and actions taken to mitigate the risk. These included the risks associated with moving and handling tasks, the risk of falls, skin damage, weight loss and choking. The service referred people to other health or social care professionals when appropriate and management plans were reviewed monthly to ensure they were still appropriate.
- Where care assistants were required to use moving and handling equipment to transfer people from one place to another, the service ensured this was done safely. Staff received training on how to use the equipment properly and work practice was monitored.
- The service had a business continuity plan in place to cover a variety of emergency situations. This meant people would continue to receive safe and effective care. The plan covered severe weather, loss of utility services, IT failure and multiple staff absences. Each person receiving a service from Bluebird Care was given a priority scoring, one to five. Priority level one was the most vulnerable and most dependent upon service provision.

Using medicines safely

- People were encouraged to manage their own medicines where this was possible. If they were unable to do this, the level of support they needed from the care assistants was decided at assessment. For those who needed support, the exact tasks to be completed were recorded in the electronic care documents.
- Medicines were managed safely. All care assistants completed safe medicines administration training

before they were able to support people with their medicines. On an ongoing basis, senior staff undertook competency checks with care assistants to ensure they always followed safe practice.

- The service told us they had taken the appropriate action if any medicine errors had occurred. These were on the whole when records had not been completed. There were no serious medication errors.

Preventing and controlling infection

- Staff received training in the prevention and control of infection.

- The provider had infection prevention and control policies in place. Staff had access to the personal protective equipment such as disposable gloves and aprons.

- If people had an infection this was recorded in their care plan.

Learning lessons when things go wrong

- Any accidents, incidents or 'near-misses' were reported to the senior team. Staff involved were expected to complete statements detailing what had happened.

- Monthly audits were completed to identify any trends. This enabled the service to take any action that would help prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Following an enquiry to Bluebird Care South Somerset for support, an assessment was undertaken by a senior member of staff. This ensured the service was suitable, and the person's care and support needs could be met. One person told us, "I was recommended to approach Bluebird Care. They came out and saw me. They asked loads of questions and told me how they could help. I am extremely satisfied".
- The holistic assessments for each person were kept under review and evaluated at least monthly to ensure people continued to receive support that was effective, and person centred. The notes written by the care staff at each care call could be read by supervisors and managers instantly and changes implemented immediately. This meant that people always received an effective service and all their care and support needs were met. One relative said, "When I visit my mother, the supervisor comes over and meets with me and we go through how things are going and discuss any changes needed".

Staff support: induction, training, skills and experience

- All the staff were well trained and competent. People and relatives told us they had confidence in the staff and commented they were well trained and "knew what they were doing".
- New care assistants joining the staff team had an induction training programme to complete at the start of their employment and did not start visiting people on their own until this had been completed. The programme complied with the Care Certificate and ensured new staff knew what was expected of them.
- There was a programme of refresher training for all staff. The provider maintained a training matrix showing when all refresher sessions were due for each member of staff. Staff were encouraged to complete health and social care qualifications after completing their probation.
- As well as the mandatory training all staff had to complete, the provider listened to staff and then arranged other relevant training. Customer-specific training was arranged as required. For example, 'case study' type training was arranged for the group of staff supporting a person with specific dementia behaviours, so they could all provide consistent care. This led to a lessening of those behaviours and a 'calmer' person.. We were told, "We only have to ask about a subject we want to know more about, and he jumps straight on it". Examples include specific medical conditions, more in-depth dementia awareness, stoma and catheter care.
- Training was provided via an on-line training system, classroom training and one-to-one training sessions. One staff member told us they struggled with on-line learning and had been offered additional support to achieve their learning goals.
- Ten of the team were qualified to QCF Level two, eight to level three and two to level five. A further 25 staff were studying at levels two (20), three (3) and five (2). This evidences the providers commitment to providing well trained staff who will provide a high-quality service.

- The service was part of a franchise network and belonged to the UKHCA and other local organisations. This meant they were able to remain up to date and access latest research, trends and information. The service had a well-equipped training room and made this, and training sessions, available to smaller care providers who did not have these resources.
- All staff had a regular supervision meeting with a senior member of staff. This enabled discussions about what was going well and where things could improve. Training and development needs were identified. Three of the senior management team had started working with the service as care staff and been supported to develop in to their senior roles.
- Each staff member we spoke with said the registered manager and provider were extremely supportive and enabled them to do their job well. They said they felt "valued" and were rewarded when they had done something extra with a person.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by the care assistants to have enough food and drink where this was identified as a care and support need. The exact level of support the person required was detailed in their plan of care. One person told us, "They make my breakfast and always ask what I would like, even though I usually have the same every day".
- Staff told us they would report any concerns they had regarding a person's food and drink intake to their supervisor.
- Referrals were made to dieticians, speech and language therapists (SALT), where they were swallowing concerns. The service worked in partnership to ensure people's needs were met.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The service worked in partnership with other agencies to ensure people's health care needs were met. Examples included GPs, district nurses, occupational therapists and physiotherapist, mental health services and SALT. The service had a communication channel in the Pass System they used and were able to share information with other relevant and agreed, health and social care services. The service had also made referrals to specialist services such as Combat Stress, an organisation helping people with PTSD.
- A 'Hospital passport' was prepared for those people who wanted one. These detailed essential medical and personal information about the person. These documents can be taken into hospital or when they are away from home. This meant information could be shared with other services.
- Since the beginning of the year, the service had introduced Bluebird 'Assist' – a home health and wellbeing check. This is a weekly 30-minute home visit offered free to all new people for four weeks. In this assessment vital sign recordings are taken (blood pressure, temperature, respirations and oxygen levels) along with a general wellbeing questionnaire. The check can then be undertaken with any individual where there is concern about their health and can be an early indication of decline in the person's overall health. Results are automatically generated and can be shared with family and health care professionals. One member of staff had been trained to use the equipment. This innovative use of technology could prevent people being ill and also prevent admissions to hospital.
- A major pharmacy supplier planned to no longer supply people's medicines in blister packs. The service had identified this would have a significant impact upon people's welfare and therefore been pro-active. They had researched a new on-line pharmacy service and planned to trial this service with a couple of people, who currently managed their own medicines independently. This evidences the providers commitment to maintain people's safety.

Adapting service, design, decoration to meet people's needs

- Bluebird Care South Somerset provides domiciliary care services to people in their own homes.
- An internal and external risk assessment was completed of each person's home as these were to be the

care assistant's place of work. The service would refer to health and social care professionals if adaptations or equipment was required to improve people's daily lives.

- The service had forged links with the local Fire and Rescue service and were now able to facilitate home fire safety checks for the people they supported.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People were always encouraged to make their own choices and those we spoke with confirmed this. They said, "Everyone is so polite, and they always ask me if it is alright for them to help me" and "I have lost so much control in my life but at least I can still make my own decisions with the girls".
- Staff encouraged people to make choices and gained their consent before delivering any care and support. People would have given consent to receive a service from Bluebird Care during the assessment process whilst their care plan was being prepared and would have 'signed' on the screen.
- All staff completed MCA training as part of their mandatory training. They told us if they were at all worried about a person's mental capacity they would discuss this with the office staff.
- Where people had a power of attorney arrangements in place, documentary evidence was requested, copied and kept on file.
- The service reviewed all care records monthly and this audit covered consent to care. This was possible because all care records were electronic. This meant practices regarding consent were actively monitored and reviewed to ensure people continued to be involved in making decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The people and relatives we spoke with were overwhelmingly positive about the service they received from Bluebird Care South Somerset. One relative had recently written to the service saying, "The team were always positive in their approach, with a light-hearted and professional style." Adding, "Not only did they provide excellent care for my mother but gave welcome support to my father".
- Other comments included, "This is by far the best care agency I have received support from", "I get a regular care assistant who I consider part of my family". However, all the others are just as good" and "I recently had a bit of an emergency and the staff were so kind to me. They went above and beyond and stayed with me until (X) was located. The staff had searched the local neighbourhood to locate X who was out shopping and supported them in returning home to me".
- In a 'Customer Questionnaire' completed at the beginning of 2019, each person who responded said the care assistants treated them with respect and politeness. One person thanked the service for "Always providing a female carer in the mornings". Another said, "Bluebird has done everything possible to help us through a difficult year and I am extremely grateful".
- The daughter of one person told us the care assistant facilitated their mother to receive video calls from them. This was beneficial to the mother and allowed the daughter to get a better picture of how things were going.
- The provider had implemented a new initiative since the last inspection – Bluebird Treat. This initiative was suggested, devised and implemented by a member of the management team. Care staff can nominate a person who they feel would benefit from a treat. The service aims to deliver one of those treats per month. The staff member accompanies the person on their free of charge treat and the staff member is paid for their time. Examples of treats organised so far include these two: one person had wanted to visit their spouses grave some distance away and then they, and the care staff had fish and chips on the way home; a second person had wanted company and nibbles whilst watching Strictly Come Dancing on a Saturday evening. The full cost of this 'special experience' is borne by the company
- All staff completed equality and diversity training and ensured they treated people with respect and dignity.
- It was evident that people had good friendly relationships with the care assistants who supported them. We asked if they would recommend the service to family and friends and they each confirmed that without a doubt they would.
- Those staff we spoke with all demonstrated great kindness and spoke respectfully about the people they supported. They said they were proud to work at Bluebird Care South Somerset, with "This is the best job with the best company I have ever had" expressed by many staff.

- Staff were rewarded with long service pin badges and a number had worked for the service since it started five years ago. The provider told us they were very selective when recruiting staff and only employed those who demonstrated genuine kindness and would work with the service's values. For the person using the service this meant they received care and support from the best possible care staff.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in decision making about all aspects of care provided. The service ensured people's care plans were well written and reflected their wishes and needs. Each person had a named community team supervisor, so they knew exactly who to speak with to express any views. The aim of this was to make people feel their care service was the most important and helped forge strong working relationships. People and staff valued this approach.
- People were able to express their views during care plan reviews, by contacting their named supervisor, whilst being supported with their care and support needs and by contacting the Bluebird offices.
- People and relatives told us they had raised issues with the service, they were listened to and action was taken.
- People's care plans were reviewed monthly and provided an opportunity for them to have a say. Family, where agreed upon, and healthcare professionals were involved in these review meetings where appropriate. Changes to the electronic care plans were made quickly and easily and appeared on care staff task list instantly.
- The service uses different methods of communication with people depending upon what had been agreed. Rosters were sent out a week ahead informing them of the time and name of the care staff, but people were able to call in to the office for this information if they preferred. People were able to ask to change the allocated care staff if they were not happy. One relative told us a change was made with the allocated member of staff because they had been "Too jolly and excitable" and a calmer member of staff had been very beneficial. The care planning software was able to 'bad match' staff to person in that case.
- The electronic care planning system (Pass System) has a 'customer/family' interface, known as Open Pass. This is a real-time communication portal that enables people, their families and other authorised parties to have instant access to the person's care notes. Comments can be added to the notes via a web-based application. The provider stated the full implementation of this has enabled the service to react to the needs of people and any comments made by families instantly.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said the care staff and 'office staff' treated them with respect and dignity, and their privacy was maintained. When delivering personal care, care staff were always careful not to compromise people's dignity.
- One relative, "We chose Bluebird Care because when we phoned them up it was evident it was a professional company with high standards. All the staff we have met have been very polite and caring".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met the care and support needs as agreed at assessment or review. People told us they were exceptionally well looked after. People and relatives said, "I get the exact service I need. I could not manage without Bluebird now", "Bluebird really do look after their customers exceptionally well", "The staff are very helpful, they come and see me two or three times a day" and "We have been using the service for some time now. We have got into a good routine and are more than satisfied".
- People were involved in developing their care plans and in subsequent reviews where this was possible. Family also contributed when required. People and relatives said they had been fully involved in the process, with one commenting, "They really wanted to know about (person), what makes them tick and how they would want the care package to be delivered".
- The provider has invested heavily in new technology and uses an electronic care planning system called the 'Pass System'. The system allowed the creation of the care plan to happen whilst sitting alongside the person and any representative. A paper copy of the person's plan was left in the home. This innovative system ensured people's care and support needs were always met and they received support in the way they wanted. The system enabled the service to be more responsive to change and was beneficial to people, staff and other community health and social care professionals.
- Care staff completed an electronic account of the care delivered each time they visited plus also had to confirm that all required care tasks had been completed. If any task remained unconfirmed at the end of the visit, an alert was sent through to the office. This meant the office staff were able to take follow up action and find out why.
- Relatives confirmed that any change to people's needs were responded to quickly. One relative commented that communication with them when changes had happened had now improved greatly.
- Staff were knowledgeable about the people they cared for and were familiar with their individual preferences. The service had introduced staff profiles as well as 'customer' profiles. This enabled the service to match people and staff together to enhance service provision. These 'customer profiles' enabled the service to capture and record the person's character as well as their care needs and had proved beneficial for the live-in care staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared with people in line with the Accessible Information Standard. The providers Statement of Purpose, Customer Guide and Bluebird Care brochures were distributed to each person receiving a service and posted out to people who made an enquiry about the service.
- An assessment of each person's communication needs was completed, and their care plan detailed any specific requirements they had which the care staff needed to know about.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service recognised the importance of meeting people's social and emotional needs.
- The service knew the importance of maintaining family support and other important relationships so that people lived a life of their choosing. People were supported to access community facilities and continue with hobbies and past times. One person being supported by the service had expressed an interest in becoming involved in the quarterly Bluebird newsletter and their member of care staff was facilitating this with them.
- Last Christmas the provider had arranged for 30 older people who would have spent Christmas Day alone, to have a meal, with all the trimmings, at a local pub. This had included organising the travel arrangements with input from several of the staff team. Those who attended were given a present and able to listen to Christmas Carols. Photographs showed a happy bunch of people who would have otherwise spent the day on their own
- In response to feedback from people, the service had set up a chargeable home toe nail cutting service. Eight staff had been appropriately trained to provide this service and it had been agreed with health care professionals. There was a strict criteria regarding who could receive the service (for example not those with diabetes or those on blood thinning medication). Those people who were unable to get out of their home benefitted from this service because it was easier to access than limited NHS services. The service was also made available to people who were not using other Bluebird Care services.
- Also in response to feedback from people, the service provided a chargeable home hairdressing service, again benefitting those who were housebound.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. This was included in the Customer Guide and given to people when the service started. The provider told us in their provider information return that they had received 14 formal complaints in the previous year and 12 had been resolved within a 28-day period. The remaining two were recent complaints. These complaints had also been reported to CQC.
- People and relatives told us they felt they would be able to raise any concerns they may have and were assured they would be listened to. One person said they had raised some grumbles in the past and everything had been sorted out. Another commented, "The named person (supervisor) I would raise any issues with listens to me and takes account of what I say". One relative said they had discussed issues regarding the timing of care calls and this had been resolved to their satisfaction.
- People and their family were reminded of the opportunity to express their views during care plan reviews.

End of life care and support

- People were supported by the service to remain in their own home, when they required end of life care, if this was feasible. Staff had received end of life training and worked in partnership with the person's GP, district nurses, palliative care nurses and family/friends.
- During the inspection one person was being re-assessed as their health had significantly deteriorated and it was their wish to remain in their own home. The level of support provided by Bluebird Care was to be increased dramatically as from the following day (after the rapid response team had finished), evidencing how responsive the service was to sudden change. The service prided themselves on being able to respond quickly to these situations and aimed to respond, assess and start increased services within the shortest

time possible.

People, their families and care staff were given direct contact telephone numbers, so they could contact their community team supervisor out of hours, for support and advice. The service saw this as essential because of the potential for rapid changes in a person's condition and evidenced their total commitment and dedication to end of life care.

- The service maintained a log of all compliments received from families whose loved one had passed away. It was evident from reading what families said about Bluebird Care South, was they felt well supported and the standard of care was excellent and delivered by compassionate and caring staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and other staff members of the management team led by example and provided good leadership for the whole staff team. There was a strong emphasis on quality with delivery of a person-centred approach to care. Treating people as individuals was consistent amongst all staff. Every single member of staff we spoke with reported they all worked well together and at the centre of all decisions made, were their 'customers'.
- The people and relatives we spoke with were overwhelmingly delighted about the service provided. Comments included, "The service is exceptional, and the staff are excellent, all of them", "By far the best service I have received" and "Even though there have been some difficulties in the past, the staff have worked really hard to make things right".
- The provider had an operational plan which had been discussed with and agreed by, the whole management team. The plan set out the visions, goals and strategies of the service. The plan was shared with the inspector during the inspection. In speaking with staff at all levels it was very apparent they all felt there was a collective responsibility towards the quality of the service. This included the little things like how the telephone was answered up to the larger management decisions.
- It was evident the service had a good track record and there was a commitment from the whole staff team to maintain standards and make further improvements for people using the service. Examples have already been referred to in respect of the toe nail cutting service and hairdressing for house-bound people

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had good processes in place to communicate with families, the Care Quality Commission (CQC) and other relevant agencies. One relative said communication had greatly improved and they were now informed of any changes affecting their family member.
- The service was open, honest and transparent. The provider, registered manager and other senior staff were all committed to getting it right. When lessons could be learned the service drove through with necessary improvements in service provision could be improved. When any incident occurred, it was investigated by the area manager to ensure any lessons to be learnt were identified. A recent example was discussed with the registered manager where the planned cessation of the service had not gone well and the last morning call had been missed. Action had already been taken to prevent a reoccurrence. The electronic care planning system was now dated the day after the planned end of a service to ensure no expected calls were missed.

- The provider ensured the whole staff team had their contact details and was always available.
- No issues regarding a lack of duty of candour have been raised with CQC. During the inspection the provider, registered manager and other senior staff all demonstrated their commitment to openness and honesty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been a change in the team structure since the last inspection. The previous registered manager was now the area manager for all three services run by the provider. The existing manager had been registered with CQC since October 2018 and was well respected by the senior staff and the care assistants. The senior team now consisted of two planners, three supervisors and one support supervisor and a Live-In planner. Each of the team fully understood their role in the service.
- The service had submitted their provider information return (PIR) to CQC when requested. This had been completed well and evidenced the provider maintained a good oversight of the service and had a plan of further improvements they planned to make.
- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The service had good systems in place to monitor and evaluate services provided. Any events (accidents, incidents and complaints for example) were reviewed and analysed to identify trends. This enabled the service to prevent re-occurrences and improve quality.
- A range of audits were carried to measure the quality and safety of the service. These included looking at the mileage incurred by care staff to ensure best use of their time was made, administration audits, recruitment and staff training for example. Where shortfalls were identified in these key performance indicators, action plans were developed detailing the improvements that needed to be made.
- On an annual basis, the service was audited by the Bluebird Care Support Centre (the franchisor). In the most recent audit the service had achieved an overall score of 93% with two recommendations made. Actions had been taken to address both areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to express their views, and this was confirmed by those we spoke with. Anonymous surveys were conducted, analysed and the results collated and shared with people. Anonymous customer surveys were accessed by people and relatives via a 'widget' application which appeared on all emails sent from the service. The provider had implemented new services following feedback from people using the service – the toe nail cutting service and a home hairdressing service. This evidences that people are listened to and benefit from additional support services. The service had also implemented the Bluebird Treat initiative as a means of enhancing the lives of people and making them feel 'extra special'.
- The service had used an external agency to complete 'Mystery Shopper' calls to ensure their responses to people were consistent and of a high quality. The service has scored well 90-95%. This demonstrates the providers absolute commitment to providing a responsive service.
- There were good relationships between people, their families and the staff team. Each person was informed of the name person they could contact if they wanted to discuss any aspects of their care and support. The supervisors maintained regular contact with the people receiving a service from their team of care staff and were expected to do five hours hands-on care per week, working with people and with care staff.
- Care staff meetings were held in each of the geographical teams (Wincanton, Yeovil, Chard and Central team) regularly, led by the supervisors but also attended by the registered manager and provider. The provider had weekly meetings with the senior staff to monitor performance results and to review their continuous improvement plan. The end-of-the-week email sent to all staff reported on all areas for

improvement,

- Staff 'happiness' surveys were completed at least yearly, where they were asked how they felt about their jobs, the support they received to do their jobs, whether their opinions were listened to and whether management expectations were realistic. The results were positive and used with the low staff turnover, evidences that staff like working for Bluebird Care South Somerset. For those people who used the service this meant they were supported by a consistent staff team who were happy in their work.
- Individual staff members said they were always informed when they were doing well, they felt valued and part of a "very good team". One said, "The company is really well led. Nowhere else is better". One member of staff said they had received exceptional support during a period of personal problems and another commented, "Bluebird Care have helped me to rebuild my confidence after my last job". It was evident that staff were very much valued, and their welfare was important to be able to deliver the high-quality care, expected of them. Nurturing and developing staff to be the best they could be' was at the heart of how Bluebird Care operated.
- The provider and registered manager recognised achievements by the staff team. Year service awards were celebrated, as were birthdays. One care assistant was a finalist in the Somerset Carer of the Year awards – having been nominated because of compliments received by people they supported and their work colleagues. One family had written, "X has been caring for Y for two years and is an excellent carer. She is very kind. She brings a 'ray of sunshine' in to our home on every visit". Bluebird Care South Somerset achieved the Domiciliary Provider of the Year 2019 Bronze award. The registered manager had recently taken six members of staff out to lunch as a thank you for "quietly getting on with their job and doing it well". They described these staff as their 'unsung heroes'.
- The service was committed to the Dementia Friends initiative. The provider had delivered talks to a wide range of local groups in the community and been instrumental in recruiting a significant number of new dementia friends in the process. Because of their work for the Alzheimer's Society, the service had linked with the Dementia Action Alliance. This evidences the providers total commitment to improving services, particularly for those living with dementia. The providers dedication to dementia care benefitted not only those people who were using the service but also other people in the local community and their families.

Working in partnership with others

- The service worked hard to maintain good relationships within the local community communities in South Somerset. They participated in community events
- The service worked in partnership with GPs, district nursing services, the ambulance services, the speech and language therapy, the local community hospital and adult social care services. The service was proactive in making referrals to these agencies
- The service made available a monthly grant of £250 to community groups or initiatives who worked with older people. The aim of the grant was to address loneliness in the rural communities. Two luncheon clubs, a stroke club and a mobility scheme had benefitted from these grants. The grants were not limited to those people receiving a service from Bluebird Care but benefitted groups of people who could meet socially.
- The service opened their training service to other care providers and signposted people to other care services if they were unable to provide appropriate support.
- The provider linked with other Bluebird Care franchises and shared intelligence and 'top tips'. This enabled the provider to remain up to date with all current best practice.