Mortimer & Co Limited

Mortimer & Co Limited t/a Bluebird Care (Ealing)

Inspection report

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27 November 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 23 and 27 November 2017 and was announced. We told the provider three working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This service is a domiciliary care agency and is registered to provide personal care to people living in their own houses and flats in the community. They provide a service to older adults some of whom could be living with dementia and younger disabled adults with a physical disability.

Not everyone using Mortimer & Co Limited t/a Bluebird Care (Ealing) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection the provider offered a service to 80 people and 50 of those people received personal care.

There was a registered manager in post. 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.

At the last inspection in March 2016 the service was found to be 'Good' overall. At this inspection, we have rated that the service 'Requires Improvement'. This was because we found that the provider was not meeting all of their responsibilities under the Mental Capacity Act 2005. As they were not assessing people's mental capacity when there were grounds to question their capacity to consent to their care and treatment.

The registered manager and office staff undertook regular checks and audits to assess the quality of the service provided. However, our findings during this inspection showed that these had not been effective in a few areas, as identified above.

People and their relatives described staff as kind and respectful. The provider put an emphasis on the organisational values of acting in a caring and compassionate manner. Care staff demonstrated that they took measures to maintain people's privacy and dignity.

People had thorough risk assessments that were personalised and contained measures to mitigate the risk of harm.

Staff had received safeguarding adult training and the registered manager reported safeguarding adult concerns appropriately to the local authority and the CQC.

The provider ensured that there were enough staff to meet the needs of people using the service and

assessed the changing staffing needs of the service. The provider utilised robust recruitment procedures to ensure care staff were safe to work with people using the service.

Staff received a thorough induction and ongoing training to equip them to undertake their role. In addition staff were provided with regular supervision sessions and yearly appraisals.

Staff were trained in administering medicines and the provider undertook medicines administration observations to ensure staff were competent. Medicine administration records were completed appropriately and when an error had occurred this had been addressed with the staff member in supervision to prevent reoccurrence.

The provider had systems in place to investigate and learn from errors and incidents. Learning from the incidents was discussed and shared with the office team and where appropriate with the care staff. People and their relatives were encouraged to complain and complaints reported were investigated and addressed by the registered manager.

The provider obtained people's written consent to provide the care offered. Staff demonstrated to us they asked people's permission before offering support and gave people choice.

The office and care staff acted as a team to ensure people had access to appropriate health care. People were supported to eat a healthy diet that reflected their preferences and their cultural support needs. Care plans detailed the support people required to eat and specified when drinks should be given to help ensure people remained hydrated.

People contributed to their care planning to ensure their preferences were met and there were regular reviews to ensure the care support remained appropriate. People signed their care plans prior to the commencement of the service and at review to confirm that they agreed with the contents.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. There were procedures and systems in place to protect people from harm.

People had individualised risk assessments that identified areas of risk and the appropriate measures to mitigate the risk of harm to them.

The provider ensured there were enough staff to meet people's support needs and had systems in place to ensure the safe recruitment of staff.

The provider had systems in place to ensure the safe administration of medicines

Staff were provided with infection control training and spot checks were undertaken to ensure staff practice was consistent.

The provider had systems in place to learn from incidents and demonstrated they made changes to avoid a reoccurrence.

Is the service effective?

Requires Improvement

The service was not always effective. The provider was not fulfilling their responsibilities under the Mental Capacity Act 2005. This was because they had not completed mental capacity assessments when there were grounds to question a person's capacity to consent to their care and treatment.

Care staff were provided with a thorough induction and ongoing training to equip them to undertake their role. The provider supported staff through regular supervisions sessions.

People's care plans contained guidance with regard to their nutritional and hydration support needs for staff reference.

The office staff and care staff worked together to promote people's wellbeing.

The registered manager and care staff worked with a variety of health professionals to ensure people accessed appropriate

health care in a timely manner.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about the care staff.

People and their relatives confirmed they were involved in their care planning and were supported to express their views.

People and relatives confirmed care staff responded appropriately to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive. The registered manager ensured guidance was provided to staff to manage behaviour that challenged the service.

The provider assessed if people had end of life support needs.

People had person centred care plans that contained their interests and social network. Care plans gave clear guidance about how they wished to be supported.

The provider had ensured people and their relatives knew how to complain and the service responded to complaints in an appropriate manner.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider had auditing and governance systems in place but there were a few areas where improvements had been identified which had not been addressed in a timely manner.

The provider had used a variety of methods to gain people's views of the service so they could make improvements to the care provided.

The registered manager and office staff encouraged people to join in fund raising activities and actively engaged the local community in both fund raising and information sharing opportunities.

The provider was working in partnership with other domiciliary care agencies, health professionals and the commissioning body to ensure the service offered to people was of a good standard.

Mortimer & Co Limited t/a Bluebird Care (Ealing)

Detailed findings

Background to this inspection

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

This inspection took place on the 23 and 27 November 2017and was announced. We gave the service 72 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of using domiciliary care services.

Before the inspection, we reviewed information we held about the service. This included notifications we had received. A notification is information about important events that had occurred at the service and which the provider is required to send us by law.

During our inspection, we looked at five people's care records. This included their care plans, risk assessments, medicines records, and daily notes. We reviewed four staff personnel files. This included their recruitment, training, and supervision records. We spoke with the registered manager, one care staff, a care –co-ordinator, the training manager, an administration officer and the owner of the business.

Following the inspection, we spoke with five people and five relatives. In addition, we spoke with four care staff.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe with their care staff and the service they provided. Their comments included "Oh yes absolutely", "She feels safe" and "Excellent, yes quite lucky to keep the same carer." Staff were provided with safeguarding adults training and they told us how they would report possible abuse to the office or to Social Services. At the later stage of our inspection we saw evidence that a staff member had raised concerns with the local authority in an appropriate manner and had followed the whistle blowing procedure. The concerns raised were being investigated by the local authority, as such the outcome was unknown at the time of completing this report.

The registered manager checked for possible safeguarding adult concerns by reviewing people's daily notes and checking incident reports. In addition the complaints form used by people and their relatives to make a complaint contained a section that asked the registered manager to consider if the complaint was in fact a safeguarding adult concern and if so what action was being taken. The systems used by the provider ensured that safeguarding adult concerns were identified and appropriate actions were taken to address these. We saw that the registered manager had followed procedures and reported safeguarding concerns to the local authority and notified the Care Quality Commission as required.

People had risk assessments to ensure their safety. Risk assessments were specific to each person and included for example personal care, moving and handling, nutrition and hydration, food hygiene and the environment. Risk assessments were a guide for staff and identified measures to reduce the risk to people. A risk meeting was held each week attended by the registered manager and the office staff. During the meeting, people who may be at risk because of changing circumstances were discussed and the meeting considered if their risk assessment and care plan required updating. As such one meeting identified a reassessment was required for manual handling as the person now required two care staff to move them and another person's care plan was identified to be updated following an incident.

The registered manager checked incidents and accidents reports to identify increased risk and to ascertain if further staff training was needed. In addition, the risk meeting looked at factors that might influence the safety of the service such as increased staff sickness and identified if alternate arrangements were required. The provider had a business continuity plan in case of an emergency that was successfully put into action a few days prior to our inspection when the electricity supply failed in the offices.

The provider recruited care staff on an ongoing basis to ensure they had enough staff to meet people's support needs. New referrals were not accepted unless their support needs could be accommodated by the existing staff team. We saw that the care co-ordinator monitored staffing needs and flagged appropriately to the registered manager when extra staff were required. They demonstrated to us they had two care staff were not given calls in the morning at busy times so they would able to cover scheduled care staff in an emergency.

People told us they had not had missed calls and were usually told if care staff were running late. Their comments included "If they can't come they would tell me and send me someone else." Another person

said, "Been late occasionally but never missed a call totally." One person told us their permanent care staff was "excellent" and "on time every single time." They explained that cover staff were not always so reliable however confirmed they were always told if there was a problem with covering the call.

The registered manager told us it was rare they experienced missed calls but acknowledged they had one missed call each month for the previous three months. We saw that when a missed call occurred the registered manager investigated the reasons in the office weekly meeting to learn from the mistake and to prevent a reoccurrence. Measures to ensure that all calls were undertaken as scheduled included all staff confirming they had received their rota on their work mobile phone and that they understood what calls they should make. The care co-ordinator showed us they used a planner on a daily basis to ensure all calls were covered this identified unallocated calls or when a care staff was unable to attend. They told us they scrutinised the planner "So we don't miss anything." The provider was in the process of installing an electronic system that would allow staff to call in once they were attending their allocated visit. The system would then flag if there was a fifteen minute delay in the scheduled call occurring thus alerting the care co-ordinator to possible issues. The registered manager told us the electronic system would be in place for 90 percent of the service by the first of December 2017.

Care staff confirmed they had enough time to travel between calls and that their calls were in the same area to reduce travel times and risk of delay. Care staff confirmed they attended for the full time of the call. One staff member told us they stayed the full length of the call as "The customer is paying for that time." Staff confirmed they had sufficient time to complete the tasks required and if they found they needed to stay longer to complete tasks they informed the office who would contact the family to discuss if call times required a review.

We looked at a selection of care staff personnel files and found the provider had robust recruitment procedures. Prospective staff completed an application form and attended an interview to ascertain if they had the right values and aptitude to work as care staff. The provider then requested two references, one from the previous employer and undertook a range of checks including criminal record checks, proof of address and identity checks to ensure care staff were suitable to work with people who used the service.

People's risk assessments reminded staff to implement good practice measures in infection control stating for instance "Care workers to wear gloves and aprons at all times when dealing with infection areas to prevent cross contamination." People told us their care staff wore protective equipment saying for example "They wear an apron, they use gloves." Staff confirmed they wore protective equipment to prevent cross infection and completed training with regard to food hygiene. The training officer undertook spot checks to ensure that care staff were using protective equipment appropriately and were preparing food in accordance with good practice.

Care staff confirmed they had received medicines administration training. We saw care staff had regular observations of medicines administration during induction to ensure they were competent to give people their medicines. Care plans clearly denoted if people required support with their medicines. People's medicine records specified if they had any known allergy and what actions care staff should take if a person suffered an allergic reaction. Records stated where medicines were kept in the person's house, how they were delivered and where they would be disposed stating which pharmacist they preferred to use. Tablets usually were in blister packs, if not it was stressed tablets must not be given if not in their original containers. Medicine administration records (MAR) contained information for staff and described each medicine's use, dosage and time of day to be taken.

MAR were audited on a monthly basis by the training officer. They told us they addressed any errors with the

staff member responsible. We saw for example one staff member had made an entry on the MAR with blue ink instead of a black ink and that this was raised with the staff member as not an appropriate practice in their supervision session. Their work was checked later by the training officer to ensure they were following the correct guidelines.

Requires Improvement

Is the service effective?

Our findings

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. During this inspection, we checked to ensure the provider was working within the principles of the MCA.

We found that the provider had not been assessing people's mental capacity to consent to their care and treatment when there were reasons to question their capacity in certain areas of their life. In particular one person, who had twenty-four hour support from a live in care worker had written in their care plan, "I have early stages of dementia, I do forget things." Their care plan spoke of them having "Outbursts" during the evening and night with episodes of shouting out the window. We saw an incident report that confirmed this had taken place on one occasion.

The care plan however did not indicate that a family member had Lasting Power of Attorney (LPA), this is someone legally appointed or empowered to act for another person. Although there were clear indications this person was having periods of confusion no mental capacity assessment had been undertaken to determine if they had capacity to consent to their care and treatment.

We brought this to the attention of the registered manager who showed us that they had prepared mental capacity forms to complete for this person and another ten people they offered a service to that they thought might lack capacity to make decisions in areas such as care and treatment and nutrition and hydration. The provider demonstrated they had prepared to undertake the mental capacity assessments but the assessments had not occurred in a timely manner.

The above was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that although care staff had received MCA training not all of the office staff had received MCA training when they commenced their role. However the office staff spoken with had received training prior to working with Mortimer & Co Limited t/a Bluebird Care (Ealing) and could tell us basic relevant information regarding the MCA. The registered manager showed us that MCA training was planned for the office staff to support them to refresh and embed their knowledge in this area.

People signed to say they had been "Involved in the drawing up of their care plan" and "I give consent for the care to be provided as described in the care and support plan." Care plans stated Lasting Power of Attorney when a person had been appointed. People told us care staff asked permission before offering care and listened to their choices. Their comments included "Yes they do shopping or whatever I want" and "They do listen." Staff confirmed that they gave people choices such as choice of shower or bath and what they would

like to eat.

Relatives told us that staff were knowledgeable. Their comments included "They are trained," and "I am no expert, but I am sure they are". All staff members spoken with told us they had an induction and ongoing training. Their comments included "Brilliant fantastic training" and "Yes everything you need and online training continues all the time." There was a three-day induction to cover the standards of care and an induction training workbook to support new staff to become familiar with their role. In addition, new staff shadowed an experienced staff member for one day following their induction training. The provider had a designated full time training officer who oversaw training and supervised new staff. The training room contained moving and handling equipment and resources to train staff.

Training given at induction included moving and handling, basic life support, medicines administration, complaints, confidentiality, privacy and dignity. Care staff undertook written tests in moving and handling and medicines to ensure their competency. In addition, there were quizzes to ensure care staff had understood and retained information. Examples we saw in staff files included understanding of the duty of care, incident reporting, how people communicate, and understanding of core values. Specific training was also given to new staff that completed for example a dementia awareness workbook that contained information about different types of dementia and the impact that might be experienced by people.

Staff completed a twelve week probationary period where a combination of weekly observations, supervision or medicines observations were carried out. These were used to check that the staff member was for example punctual, using protective equipment appropriately, undertaking manual handling as the care plan stated and competent in medicines administration. Established staff had refresher courses each year that included moving and handling, medicines administration and health and safety. The training staff undertook spot checks and supervision on a three monthly basis and annual appraisals to assess their progress and identify goals for the following year.

People and relatives told us care staff advised them or took action if they were unwell. Comments included "Yes, the carer told me to contact GP" and "Yes, they have done that" and "Oh yes they do." One relative told us when their family member was unwell the care staff informed the office staff who took action. "It happened once. The [care staff] contacted me and the office contacted me to ask what I wanted to do." Staff demonstrated they were aware of people's deteriorating health needs and gave examples of when they had called the community nurses and the GP. Staff described if they called the health professionals they always informed the office staff and were in turn informed if the office staff had contacted health professionals.

People's physical support needs included skin integrity and one person told us their care staff was knowledgeable about managing their pressure ulcers and liaised well with the district nurses "I think she is probably trained. She has quite good knowledge." We saw that the registered manager attended hospital discharge meetings for people to ensure the correct equipment was in place should they be discharged and to review the person's changing health support needs.

People who required support to prepare food and to eat, had nutrition and hydration care plans and risk assessments. Care plans described in detail how people wished to be supported with their meals and drinks. Stating what they liked to eat and how they would decide what they wanted. Where there was an important detail this was highlighted, as such one person's plan stated in capital and highlighted in yellow 'No sugar in tea and 'No pork'. This was important to the person in terms of their taste preferences and their cultural and religious support needs.

In addition care plans stated if people required support to consume their food stating for example "No

problem swallowing or eating but I like to take my time. I tend to have a fairly small appetite." Another person's plan gave staff guidance to cut their food up for them and place in front of them and stated what cutlery they required to eat their meal independently. Care plans reminded staff to ensure people had enough to drink for example "Before leaving please check that I have easy access to plenty of fluids." Daily notes contained references to what food and drink that had been provided so relatives and the management team could monitor staff were providing meals and drinks appropriately to people.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care staff and described that they were respectful and caring. One person told us that care staff were "Very very respectful" and described they were called by their title as they wished to be called. People's comments also included that care staff were "Kind" and "Very kind and polite" and another relative said "Oh they are [caring] they talk to the patient straight away. When they leave they always say goodbye."

The registered manager told us when they recruited staff they looked for prospective care staff who demonstrated "honesty, as absolutely paramount", as well as being "caring, friendly and approachable" also "can display empathy and can relate to people." To ensure care staff knew what the provider expected when working with people they stressed at induction training the values of care, compassion, courage, competence, commitment, and communication.

People told us they were able to specify what care staff they would like. One person told us they had choice "As far as possible. She is not from the same country as me, we manage very well. She is a very educated girl. I am lucky to have her. She's wonderful, really." One relative told us that the care staff always accommodated them and their family member. They said, "[Care workers] will change for us rather than the other way round." Another relative had the same care staff member for two years and reported their family member "needs to feel comfortable and they are very comfortable with the carer there is a bond."

The registered manager described that the care staff are introduced to the people they will be working with whenever possible and will shadow an existing care staff member if there is one. A staff member told us, "It is very nice that they introduce you to the client" they explained how this helped get to know the person. Another staff member told us, "You are a guest in their home" and "I think how I would like to be treated if it was me."

To ensure people were supported to express their wishes care plans stated if people required support to communicate. One care plan noted for example when a person had dementia and stated the support they required to communicate. "I forget things, I find this difficult to cope with." Care staff were instructed in the plan to "Please be kind and encouraging." People's care plans specified if they used glasses or wore a hearing aid to support them to communicate. People's preferred language was stated and where possible a care staff who spoke that language was matched with the person to enable effective communication. The provider was aware of individuals sensory support needs and to make sure all people could access the newsletter there was a larger print highlighted yellow notice in the newsletter that stated the newsletter could be sent to people in large print or as an audio version for those with a sight impairment.

Peoples care plans were clearly marked that they were private and confidential as a reminder to staff to respect people's private information. People's care plans referred to the need to protect people's dignity during personal care support. Staff told us how they ensured people's dignity and privacy their comments included, "I put a towel around them and make sure the door is closed" and another care staff member said, "I always give them choice and ask are you happy? I maintain their dignity." One relative told us, "She [Care

staff member] will ask first is it ok to go ahead? Do you want to use the shower first?" and described the care staff member respectful manner to ensure both the relative's and their family member's privacy in their own home.

Good

Is the service responsive?

Our findings

During our review of people's care plans we found that one person's care plan did not contain sufficient guidance for staff to manage their behaviour. We brought this to the attention of the registered manager who demonstrated that they has identified in the risk meeting there was a concern and that there had been increased support for the live in staff and there was more guidance at the person's home. Following our inspection we were sent a copy of the updated care plan that had been provided for staff guidance at the person's home

At the time of inspection people being offered a service were not in need of end of life care support. However, following the inspection the registered manager sent us information to demonstrate that they had end of life care plans in place when it was appropriate for the person. The training manager had completed a 'Train the trainer in end of life care' as such they would, should the opportunity arise train staff and supervise an end of life care plan.

Care plans were personalised and stressed what was important to the person this included their relatives who were involved with their care and regular visitors. People's care plans contained a brief social history, their family support network and important contact details. Care plans often stated the person's interests. For example, that they used to play golf and now liked to watch football matches on TV. When it was appropriate people's plans informed staff about people's employment and college activities. This was important because it gave care staff topics they could talk about with the person and helped them to understand the person in the context of their life.

Care staff confirmed they found people's care plans informative and that they contained the information they required to work effectively with people. Care plans stressed the importance of people maintaining their independence. For example, one care plan stated, "Please encourage and respect my autonomy at all times" and stressed that it was important to the person to maintain their independence. Care plans clearly stated tasks to be completed during each visit for example "Maintain personal hygiene and appearance", and Maintain dietary and fluid intake." How this was to be achieved was written in a personalised manner. For example, people's preferences specified if they preferred a bath, shower or strip wash.

Care plans specified people's moving and handling support needs. As such, one person's plan stated they used both a ceiling hoist and a mobile hoist. Their care plan specified the number of staff required for each visit to undertake the moving and handling transfers safely. On occasion care staff worked with staff from other agencies and it was clear what role the care staff from Mortimer & Co Limited t/a Bluebird Care (Ealing) were expected to undertake in the shared care of the person.

One person told us they knew how to complain if they needed to. They said, "Yes I would. If you don't raise when you have concerns you will never get things sorted out." The monthly newsletter dated October 2017 circulated to people and relatives using the service contained a "Message from the manager" that encouraged people to raise concerns. The article explained, "They will not get care workers into trouble" and should not feel they are "causing a fuss." The registered manager stressed in the article that the

majority of concerns were dealt with informally and solutions were found. The article also stressed formal proceedings would be followed when necessary and gave the registered manager's contact details and phone number if there was a problem. People were also given information about how to complain in their introduction pack, "A guide to Bluebird Care" when they commenced the service.

The complaints policy and procedure was clear and comprehensive. Examples were given in the policy to guide the management team to take the appropriate action. The registered manager recorded and investigated complaints using designated forms that were kept in a central file for oversight and evaluation. The forms were comprehensive and signposted if the registered manager completing the form needed to consider if there was a safeguarding issue, a disciplinary issue or if other actions needed to be undertaken. We saw that a number of complaints had been recorded during 2017, with an acknowledgement confirming receipt of the complaint. The registered manager had investigated the complaints and when appropriate had sent a letter of apology.

Requires Improvement

Is the service well-led?

Our findings

Mortimer & Co Limited t/a Bluebird Care (Ealing) was part of the Bluebird Care franchise and was audited on a yearly basis by their head office. The audit was generally thorough and identified areas for improvement. An audit action plan was displayed in the office areas so all staff could see areas that required improvement and those that had been addressed. We saw that some areas had been addressed and timescales were evident to ensure completion. However we also identified a few areas where the audits had not been very effective. An area that had been highlighted was the need to undertake mental capacity assessments although we saw evidence preparation work had been undertaken to address the concern the assessments had not been undertaken in a timely manner.

During our inspection we found that the office staff monitored the care plans, risk assessments, daily notes and medicine records on an ongoing basis. They explained that they reviewed a sample each week to ensure the quality of the service. To ensure work was undertaken in a timely manner office staff used a spreadsheet that showed when any auditing tasks were due such as people's reviews and staff supervision or spot checks. There was good evidence of documents being up to date and audited on a regular basis by the office staff.

Used in conjunction with the audits to identify the areas for improvement was an analysis of the service strengths, opportunities, weaknesses and threats to establish the current position of the business and how they could move forward and improve. The registered manager demonstrated there was planning for the future of the service and had identified areas for growth and development. The registered manager also talked of their own learning needs and had identified for example they wanted to broaden their knowledge of dementia awareness for the benefit of the people using the service.

People and relatives all spoke positively about Mortimer & Co Limited t/a Bluebird Care (Ealing) and said they would recommend the service to others. Their comments included, "I think so", "I do, I don't know any better", "Yes I would at the moment", "I have been with four or five agencies over ten years, Bluebird are excellent, good but expensive" and "They are pretty good not like the other agencies."

Most people and relatives confirmed that they were asked for their feedback on the service provided. Their comments included, "Indirectly in a newsletter, [they ask] anything that we can improve in service" and another person said "They did. I have a questionnaire. I can give it verbally or on a form." The office staff encouraged people to give their views of the service. This was achieved through regular visits to check if people and relatives were happy with the service provided. During spot checks and reviews office staff asked for feedback on care staff performance and the service given. Comments we saw in people's records included "Carers are very good", "Nothing to improve, happy with the service provided" and "The care workers are very nice and polite." We received good feedback about the registered manager and office staff. One person told us they had met the registered manager once recently and often spoke with the co-ordinator. They said, "He checks everything, anything small I would speak with him, he is courteous and professional."

The provider had asked for people and relatives to consider if they could volunteer to be on a "Customer and family committee." The registered manager explained this was to give people and family an opportunity to influence and contribute to how the company might develop in the future. The committee was not yet formed but the invite had gone out to people and their families and this demonstrated the provider's intention to ensure people and their families played an active role in the development of the service.

The provider sent out monthly newsletters to people and relatives to keep them informed of upcoming events and to give useful information such as "Top tips to avoid falls." The registered manager stressed the provider's values of promoting independence and acting in a caring and compassionate manner towards people. This was confirmed by one care staff member who described the provider as "very good, they take care of their clients." Once people had been assessed the provider gave all new people joining the service a "customer's guide" to ensure people knew what to expect from the care staff. The office notice board contained information about the service and there was a directory of local services that staff could reference and share with people and their relatives.

The office team and some care staff were actively engaging the local community and were proud of their work encouraging both people they provided a service to and local people to join them. They had for example raised money by completing a "Memory walk to support Alzheimer's Society" and had completed a number of fund raising fun runs with younger people with disabilities who used the service. In addition the registered manager had given presentations at the local library about "Care in your own home." The sessions advised people how they could have support and remain independent in their own home. In addition, the registered manager had given a talk in a local high school to speak with students interested in Health and Social Care.

All office staff were involved in promoting the values of the provider and had received training and support to act creatively. For example the office administrator showed us they had thought of an idea to give people a mug that told staff what the person liked to drink. For example the message on the mug might read "Tea milky with two sugars" this was an idea for a Christmas gift for people using the service. The administrator explained as a company, the provider encouraged creative ideas to promote people's independence and to engage with people to whom they offered a service and the local community.

Most care staff described the office team as supportive. One staff member told us the registered manager was "really approachable I always felt able to ask for advice or raise a concern." Other comments included, "Very good actually, best company I have worked for" and "Yes well supported, always someone there to call if you need help, you are not left on your own." There was an "On call" rota to ensure there was always support outside of office hours.

The provider recognised good work undertaken by care staff by identifying a "Care worker of the month." The staff member was awarded with a certificate that stated it was in "Recognition of high standards of care as we are proud to name you Care Worker of the month" The certificates were displayed in the office and the staff member was named in the monthly newsletter with an account of their achievements. The registered manager told us this valued staff and set a good example to other staff of what the provider was aiming for in terms of a high level of service.

The provider worked in partnership with other domiciliary care agencies when offering care to the people, with health professionals and with the commissioning body so people receive care that was consistent.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Reg11(1)The provider did not ensure they had effective arrangements to undertake mental capacity assessments when appropriate in line with the Mental Capacity Act 2005.