

W&S Flint Services Ltd

Bluebird Care Exeter

Inspection report

5 Wrentham Business Centre
Prospect Park
Exeter
Devon
EX4 6NA

Tel: 01392426006

Website: www.bluebirdcare.co.uk

Date of inspection visit:

11 June 2018

12 June 2018

Date of publication:

27 July 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This comprehensive inspection took place on 11 and 12 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to telephone and visit people receiving a service in their own homes. At the last inspection in September 2015 Bluebird Exeter was rated Good. At this inspection we found the service to be Outstanding overall.

Bluebird Care Exeter is a domiciliary care agency. It provides personal care to older adults and younger disabled adults in Exeter, and surrounding areas. The provider is W & S Flint Services Limited, a husband and wife team who run three branches of the agency in the Devon area, Exeter, East Devon and Exmouth. At the time of the inspection the Exeter branch provided personal care to about 100 people and employed 44 staff, known as Devon Bluebirds, supported by a team of nine office staff.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives praised staff as exceptionally caring and compassionate. People were partners in their care. Their views, experience and contributions were sought and valued. The agency had a strong, visible person centred culture. People were at the heart of everything they did, they were made to feel valued and that they mattered. The service went that extra mile to exceed people's expectations of the service. For example, the service was building on their wellbeing agenda. Staff, led by a 'Wellbeing' Ambassador' organised a monthly wellbeing programme to get people out socialising, having new experiences and having some exercise. Feedback showed this significantly improved people's physical and emotional wellbeing and reduced their risk of isolation. One relative who had been struggling to cope said, "[Person's name] went to armchair yoga. They came back smiling from ear to ear, we had something to talk about and I was able to have time to myself." The service was also working with Age UK venues so people using Bluebird could meet other people and promote social inclusion. A new partnership with a local charity was offering discreet personal care, complimentary treatments, on-site library and laundry as a 'Wellbeing Hub'. They envisioned getting away from the traditional 'elderly day centre' service and offering an empowering, inclusive experience for young and old focussed on a preventative, trusting agenda. Intergenerational experiences were promoted where people could enjoy spending quality time, sharing their skills and lives with school children in a meaningful way.

People were supported in innovative ways, to be proactively involved in making decisions about their care,

treatment and support. For example, the provider undertook a 'Talk Care' campaign to promote a conversation about care that was positive, informative, open-minded and inclusive. They made a series of informative short videos of conversations with health and social care representatives such as the local hospice director of nursing and GPs, to highlight key things people needed to know about care. These included the importance of planning ahead for care, options for care, and simple explanations about lasting power of attorney, benefits and paying for care. These were posted on social media which enabled people and families to be better informed about care options and what was important in planning their care and avoid 'panic purchasing'. People of older years were celebrated and enabled to be involved in the campaign to raise awareness of social care issues with consent through social media. People using the service were interviewed for a local Devon magazine to share 'nuggets of wisdom' as part of a 'Wisdom Project'. One person said, "My nugget of wisdom is to keep a routine and keep in touch with your friends." This all helped people feel they were noticed and important within the community.

The service had embraced the possibilities of using technology in innovative ways to improve the quality of people's care and to enable them to stay living at home for longer. The service had explored possibilities of using sensor technology by working with a specialist provider to pilot its use to assist families to support and monitor a person's wellbeing. An electronic computer record system meant staff could read new people's care records before they visited, and follow up any health concerns. The system quickly highlighted when a person's needs changed, so their care needs could be reviewed. Other benefits included health professionals, such as paramedics and relatives being able to access parts of the system, with the person's consent.

The service worked in partnership with many local health and social care providers to respond to the changing needs of local people. For example, they participated in a pilot project to enable people to be discharged home from hospital as soon as possible.

People experienced a very personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People praised the exceptional skills of staff who supported them. A training manager had developed a very comprehensive, flexible training programme for staff that reflected various learning styles. They worked collaboratively with professionals to deliver bespoke training to meet individual health needs. A staff member was a 'Dementia Friends' champion to provide information and practical tips to encourage other staff and families to make a positive difference to people living with dementia. People using the service were encouraged to share their knowledge of living with particular health conditions. One person said they were looking forward to delivering a training session for care workers on 'what it is like to receive care with a visual impairment'. They said staff treated them as an equal and promoted an independence focus.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using The Social Care Institute for Excellence (SCIE) and National Institute for Health and Care Excellence (NICE) guidelines. People and relatives spoke about the exceptional quality of care provided by staff at Bluebird Care Exeter and recommended the service to others. Staff were highly motivated, enthusiastic and were proud to work for the agency and be known as 'Devon Bluebirds'. The registered manager set high expectations of staff and was a role model working in partnership with their team. A provider award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, through 'Carer of the month' and 'Carer of the year' schemes as well as national Bluebird nominations.

The provider had very robust quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. A range of national and local external awards showed the service

was consistently high performing.

Personalised risk assessments provided comprehensive guidance for staff, who were vigilant in identifying risks and took steps to reduce them. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A very robust recruitment process was in place to make sure people were cared for by suitable staff, including a new applicant 'taster' session.

People were asked for their consent and staff acted in accordance with their wishes. Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making. Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service.

The registered manager had informed the CQC of significant events. Record systems were accurate, well maintained and kept secure.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Good 

Is the service effective?

The service was very effective.

People received care from a staff team who were very well trained and had the skills and knowledge to always support people in the way they needed and preferred.

People's rights and choices were always maintained and promoted. People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met and were innovative and forward thinking in identifying areas which could make people's lives easier.

Outstanding 

Is the service caring?

The service was extremely caring.

People felt staff were very caring and went out of their way to make sure they and their families/carers had a good quality of life and wellbeing.

People benefitted from a service which demonstrated a very strong and visible person centred culture and was committed to providing a service which put people at the heart of everything they did within their own communities.

Outstanding 

People were supported by a small team of staff who they were able to build caring relationships with.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People and their families were very involved in decisions about their care and support and the ongoing running of the service.

People's privacy and dignity was always respected. Staff supported people sensitively with their personal care needs.

Is the service responsive?

The service was extremely responsive.

Staff supported people to ensure they received extremely responsive care and support in accordance with their needs and preferences.

People were fully supported in innovative ways to remain part of the community, follow their interests and take part in social activities to improve and maintain their wellbeing.

Care plans were detailed and regularly reviewed to ensure they reflected people's current needs in a holistic way and that all tasks were completed and followed up.

The service was extremely flexible to make sure people received support that was person centred and met their changing needs and wishes.

Arrangements were in place to deal with people's concerns and complaints which were used as positive learning to improve the service.

The agency supported people sensitively at the end of their life to have a comfortable, dignified and pain free death.

Outstanding 

Is the service well-led?

The service was extremely well-led.

The provider, registered manager and staff team were very committed to providing people with a high quality service. The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

The culture was person-centred, values based, open, inclusive

Outstanding 

and empowering. It focused on each person as an individual and tailored the service to their needs.

People benefitted from a highly motivated, dedicated and valued staff team who worked openly with relevant community organisations and health professionals to support people as individuals in a person centred way.

People benefitted from a service that was continuously finding ways to improve and by actively involving people and staff in how it was run.

There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided, whilst raising awareness of wider issues affecting the people they served. Results showed the service was consistently high performing.

There were robust contingency plans in place to deal with emergency situations to ensure continuity of safe and effective care.

Bluebird Care Exeter

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 was announced and took place over two days on 11 and 12 June 2018. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the provider and registered manager would be available for the inspection. It also allowed us to arrange to telephone and visit people receiving a service in their own homes.

The inspection team comprised of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as feedback we received from health and social care professionals and notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we visited three people in their own homes accompanied by a senior care worker and spoke by telephone to ten people and three relatives to seek their views about the service. We looked at six people's care records and at their medicine records. We spoke with the provider, registered manager, operations manager and with nine staff which included care and office staff, care supervisors and senior care workers, training manager and marketing manager. We looked at three staff files which included details of recruitment, training, supervision and appraisals. We also looked at staff meeting minutes, staff training records, accident and incident reports, and at complaints and compliments. We also looked at press releases and community awards relating to the services Bluebird Exeter provided. The service had also worked hard to collect a wide range of their own evidence together to further show what they did in relation

to each CQC key lines of enquiry. We also looked at the provider's quality monitoring systems which included audits of medicines, care records and at 'spot checks' where senior staff monitored care staff providing care in people's homes.

Is the service safe?

Our findings

People said they felt safe being cared for by staff. People said, "[I am] perfectly safe, they give me the care I need. They are always polite, considerate and ask how I am", "I feel quite safe, they come three times a day and see I've got everything. They do what I want them to do" and "They know I'm tottery on my feet and they're ready". Relatives comments included, "[Person's name] is safe as anything with the carers who provide their care. We've given them full instructions which they adhere to. They are very good" and "I feel [person's name] is very safe. Our two main carers are very good, working with people and instructing others (in the use of ceiling track hoist)".

People received a rota each week, which showed them details of staff due to visit the following week. The agency aimed to arrive within 15 minutes of the visit time stated on the rota. People said staff were punctual and stayed for the full visit time. In July 2017, the provider introduced an electronic record system, which allowed care and office staff to keep in touch throughout the day. Staff logged in and out of people's homes on their smart phones via a computer and records showed visits lasted the allocated time. People said staff always had time to chat, for example. This also meant office staff were alerted to any late or missed visits, so they could let people know, and check on staff safety and wellbeing. Where staff were running late for any reason, or there were staff changes, people said office staff contacted them to let them know.

Care staff worked in small geographically based teams, led by a supervisor. This meant people had good continuity of care by staff that developed a relationship with them. A 24 hour on call system provided people and staff with out of hours support and advice by senior staff. The agency only took on new packages of care, where they were confident they had the enough staff with the right skills to provide the care required. Staff were encouraged to identify others who might make suitable care workers, through a "Refer a friend scheme." The provider used very robust values based recruitment to help them recruit staff with the right attitudes and values to work in care. Where applicants were new to care, they were offered a "taster" session with an experienced member of staff, so they had an insight into the role before pursuing their application. This put the focus on finding the right people to deliver safe, quality care for people based on the service visions and values. The comprehensive recruitment process included assessed knowledge, skills and attitudes of applicants before care workers began to work for the agency. Checks also included undertaking checks of identity, qualifications, seeking references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People and relatives said the service was very reliable. No-one had experienced a missed visit and visit times were logged on a 'live' computer system, which could alert office staff. The service used a red, amber, green system to identify and prioritise people at greatest risk. For example, people were identified as a 'red' risk because of complex health needs or because they lived alone and were reliant on care staff to meet their daily living needs. This meant where there were staffing difficulties, for example short term sickness or weather related problems, staff prioritised people who relied on visits to maintain their health and safety. People and relatives praised the efforts staff made to continue providing care during the recent snow. The service had a contingency plan, so, for example, in the snow, they used 4x4 vehicles to transport care staff to

people's homes, whilst other staff walked to reach people when driving became too hazardous. The provider, management team and staff had all worked together. Staff said how amazing the provider had been, attempting to pick up staff from rural areas and then reassuring them that their visits were being covered if the snow was impassable. Individual staff had also rung people they were unable to visit themselves to reassure them they had tried to visit but another care worker would be coming due to the snow. The service also provided a fleet of Bluebird vehicles for staff use including a new moped which could be used for staff who did not have a driving licence.

People were supported in a relaxed and unhurried manner by staff they knew and trusted. People said they never felt rushed. A relative said, "They [staff] listen and talk to her and she knows all about their lives. Mum relates to the younger ones, she likes listening to their lives'. The young ones are very good with her".

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and had safeguarding and whistle blowing policies about how to raise concerns. Staff knew who to contact if they suspected or witnessed abuse or poor practice and were confident they would be dealt with. Where concerns about suspected abuse had been identified, they had been appropriately reported to the local authority safeguarding team.

The provider supported people to stay safe in their own homes. People had individual risk assessments undertaken and care plans written for any needs identified, which were reviewed and updated regularly. For example, about how to move people safely, including details of any moving and handling equipment. Environmental risk assessments were also undertaken which made staff aware of any hazards. For example, any trip hazards for a person and that the pathway to a person's home could be slippery when wet. Care plans also contained a photograph of people's premises so staff could be sure they were going to the right place. To promote fire safety, the fire service did a training session about how to identify people at increased risk of fire in their own homes and who to contact to help them. When a person had no smoke detector fitted, staff arranged for their local fire safety officer to visit as part of their fire prevention service to fit a smoke detector and a long handled 'pointer' to turn it off and provide other safety advice to reduce fire risks.

People received their medicines safely and on time. Staff who administered medicines were well trained and assessed to make sure they had the required skills and knowledge. This meant people gained the maximum benefit from their medicine. The electronic care record system enabled care staff to let the office know of any prescription changes quickly ensuring medicine administration records were always up to date and communicated to relevant staff. The system also alerted office staff, if people having staff support with medicines did not receive their medicines, as expected as the 'task' would not show as completed via staff smart phones. Office staff could then follow this up and address any issues.

Accidents and incidents were reported and the registered manager reviewed all completed forms monthly to identify any themes or trends. People were protected from cross infection. Staff had completed infection control training. Protective clothing, gloves and aprons were provided for use when providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.' They checked staff followed the agency's infection control policy and procedures.

Is the service effective?

Our findings

People praised the exceptional skills of staff who supported them. People's comments included, "I feel fine with them, very safe. They are very careful and have had some training they know what they are doing", "I can be critical as I was a nurse and I know what to look for. Bluebird are very good indeed, they train them very well" and "It doesn't matter who you speak to they are very helpful. Very good indeed". One person said Bluebird Exeter were used flexibly when their carer was away, they said "They are brilliant. I often have the same person, [care worker name] knows what I need. Most of them do, they are very good. Even the new ones are very well trained, they are superb". Relatives said, "Yesterday they said [person's name] was complaining they couldn't see very well after their fall. I was able then to go there and check on them [they had spoken to the care worker] and they were fine. [The care worker was young] and extremely good and they're new to the job. When we can trust them we can relax a bit". Another relative said, "If there's been an incident such as [person's name] having had a fit they [care workers] write it down and I can see [what's happened]".

The service had embraced technology to improve people's quality of care and communication. The new electronic computer system was introduced which 100% of staff gave positive feedback about. Staff could read new people's care records before they visited, and follow up what happened where they had reported a health concern about a person. Staff could highlight where they felt people's visits were not long enough to meet changing needs and a home visit review could be arranged quickly. One relative said, "The new arrangements for next week are brilliant. [Person's name] is so much happier with the longer time and it does mean I am so much less concerned about their eating." Other benefits included relatives and health professionals being able to access parts of the system, with the person's consent. This was particularly valued by relatives who did not live nearby. An internet application enables paramedics, for example, to access care plans for a limited time on a need to know basis.

Staff used their smartphones to set up an online message group to support one another. For example, staff could ask other colleagues for directions, especially in difficult to find areas or ask where was a good place to park. This saved time and reduced late visits.

The service had explored possibilities of using sensor technology to enable people to stay living longer at home. This was done following consent and appropriate best interests decision making. They worked with a specialist provider and undertook a trial pilot project across all three of their registered branches to evaluate its use in assisting families to support and monitor people's wellbeing. Several people from each branch agreed to have sensors fitted in their homes to evaluate the potential benefits. The data gathered helped build a picture of the person's normal day. For example, how often they moved around, went into the kitchen and bathroom areas. From this, the system sent alerts to a family member or the agency (depending on what had been agreed), if they detected a person's normal daily pattern changed. For example, one family reported that the software provided them with a clearer picture of the activity that took place within their loved one's when they were absent. This was particularly beneficial over the evening/night time and when they were using the bathroom as this person was particularly prone to falls and forgot or decided not to press their pendent alarm. Another person's care plan had been updated as the family could see that

when the person was not going to the toilet before bed they were more likely to get up in the night and be prone to a fall. The care worker now documented when the person had not wanted to go to the bathroom so family were aware and falls could be minimised. The system had shown family that another person left the bedroom and did not go anywhere. They had been able to visit and found the person dehydrated and confused at the top of the stairs and take action so the care worker could arrange treatment for a urine infection.

Other potential benefits included using the technology to monitor room temperatures, so action could be taken if a person was at risk of being too hot or cold. The pilot had recently finished and the agency had decided to offer the sensor technology to people, with strict protocols in place around people's privacy and consent. Where people already used technologies such as smart home assistants or talking appliances, staff knew how they worked and used them to enhance care or find ways to include them in chatting about things that people liked.

The provider worked in partnership with local health and social care organisations to improve people's health by training staff in health promotion. For example, staff had had training in more general health risks such as stroke awareness, 'drink wise' training about the risk of excessive alcohol intake and training from the aphasia society (a communication disorder which impairs a person's ability to process language). This would further help them to offer further support or identify symptoms that could indicate a problem.

There was an excellent training programme running throughout the year based on best practice evidence. There was a dedicated training manager and a new training and support supervisor. This ensured people received care from skilled, confident and competent staff. Training methods reflected various learning styles, language skills and education levels of staff. For example, taught courses, e learning with one to one support for some staff with literacy, dyslexia or for whom English was not their first language. A translation application could be used to translate questions into different languages so the staff could answer in English.

When staff first came to work at the service, they undertook a period of supported induction and a 12 week probation. The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers. In 2017 to further increase support for new staff, the induction programme was extended from two to five days. This included personal care and how to practically wash people correctly. New staff spent two days in the classroom, followed by a day working in people's homes alongside experienced care staff. This approach enabled new staff to reflect on what they had learnt and use the remaining two days to focus on addressing any knowledge gaps. It had improved staff retention rates, as a high percentage of all new staff recruited in the past 12 months had stayed working for the agency. The induction week ran every fortnight. To further support new staff, the provider had just created a dedicated training and support supervisor post to support new care staff during their 12 week probation period and a 'buddy' mentor role. This ensured each new staff member had all the support they need to develop the skills and confidence needed for the role. The training manager said, "We really want staff not to feel alone." An initial care competency assessment informed trainers of each new care workers level of understanding. Care staff were able to shadow more experienced staff for as long as it took to feel confident in lone working. Records showed extensive shadowing.

An extensive staff training programme included working with local professionals to develop bespoke training relevant to people's individual care needs. For example, catheter care, diabetes and prevention of falls awareness training, awareness of Parkinson's (a neurological condition), and end of life care. One relative said, "They [care staff] understand his condition and the problems that come with it (Parkinson's)". For example, for a person with a complex bowel condition (stoma- where the bowel opens onto the skin)

staff received training on how to care for an opening on the surface of their abdomen. In the classroom staff learnt about specialist continence products and practised using them. This meant staff gained confidence, which reassured the person who felt confident in their care. We visited this person at home and they told us how amazing the staff were, now supporting them with new equipment since they had lost weight. The training manager used all sorts of practical equipment in their training to ensure training was informative, practical and that learning was fun and rewarding. This included staff practicing using the hoist and stand aid themselves, encouraging staff to promote aids for independence for people, using a dementia equipment catalogue to highlight useful items for people and practicing using items they may see such as different pads, catheters and dressings. Prosthetic legs were provided as part of training to practice applying creams and pressure stockings on.

A staff member had a lead role as a 'Dementia Friends' champion to encourage other staff to make a positive difference to people living with dementia. They had undertaken training by the Alzheimer's Society, to train other staff to become 'Dementia Friends' in their community. This was by providing information on impact of dementia for the person and their family and tips about what they can do to help. For example, staff were proposing to include dementia friends training within family support meetings, wellbeing sessions or anywhere family and friends may be who would benefit from the sessions.

Other training included health and safety, safeguarding, the Mental Capacity Act (MCA), equality and diversity, first aid, infection control and person centred care. There were focussed topics every month, for example in line with national awareness days. Assessment booklets were used to test staff knowledge and understanding. The registered manager and care supervisors had undertaken train the trainer courses, and contributed to staff training days and trained staff in people's homes, for example if there was a different hoist to the training hoist. This helped to ensure consistently high standards of practice amongst all staff. The training calendar was sent out to supervisors so staff due particular training could be booked in advance when they were available. Staff were further supported with regular open workshops with the training team. Staff could ask about qualifications, work books, refreshers or further education. The service worked with a local college as their training was now accredited and moderated by an external body. The college attended a staff meeting to promote various free training. Students from the college also visited the service as work experience and we saw some positive feedback from their time at Bluebird Exeter. Student feedback included, "I just wanted to thank you for your support during my time at Bluebird. It was a fantastic learning opportunity. I gained great confidence from the whole experience" and "Thank you so much for the care of me during my working time with Bluebird! All of the skills, and experience which you have given me by the work opportunity in the Bluebird will help me so much with my medical studies, and other things"

Care supervisors did observation supervision visits known as 'spot checks,' whereby they monitored staff supporting people in their own home. This meant they could monitor staff practice met the high standards expected, and identify and address any further training needs. Records of regular supervision and appraisal meetings showed staff were encouraged to identify what went well and identify areas for further development. Staff told us how grateful they were for the support they received. They said, "They have been brilliant supporting me with an illness. They changed how they contact me so I don't worry. I'm so happy, I love my job", "I used to be a nurse. They have been so supportive, it has really given me my confidence back. They are offering sign language which I'm interested in. We suggested a better staff area where we could use the computer and they are looking into that already." Another care worker had a phased return to work from illness and couldn't fault Bluebird Exeter.

Before people received a service a comprehensive assessment of their needs was carried out with the person, family or others who knew them well. This included using evidence based tools to identify and assess any risks related to falls, risk of pressure sores and nutrition/hydration. From this, a care plan was

developed with the person. People's care plans and risk assessments were detailed and personalised about their individual needs. They were reviewed after a week, a month and at three monthly intervals after that or whenever the person's needs changed. Staff were also very knowledgeable about people's home situations and which next of kin, neighbour or friend people wished to be involved.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. For example, a number of people were supported to maintain adequate fluids and nutritional intake who were at increased risk of malnutrition and dehydration. The computer system enabled staff to indicate where someone had not eaten much for lunch to ensure the next care worker tried a food they knew the person liked. Staff knew about people's food likes and dislikes and helped them choose and prepare their meals. For example, staff often took in items they knew people would like. They had also supported one person with their weight loss programme and staff in the office were clearly very proud that the person had done so well losing weight which was improving their health.

People were asked for their consent and staff acted in accordance with their wishes. Staff had received training in MCA, and had evidenced based policies and tools to guide their practice. They used practical examples and scenarios to explore how to implement the MCA principles in day to day practice to support people who lacked capacity or had fluctuating capacity. Staff respected and upheld people's right to make choices, even when they made choices others may consider unwise. Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making. For example, one person needed encouragement to have a wash and change their clothes but often declined to do so. Their care plan described how the person would respond and how they could appear to understand but then forget. Staff worked closely with the person's relative to find ways to ensure they were happy to receive personal care in a way which suited them and ensured they knew who held legal responsibility. The MCA care plan clearly ensured staff understood that the person thought they could continue to walk or do their own care and were sensitive when supporting them.

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.

Is the service caring?

Our findings

People and relatives praised staff and described them as exceptionally caring and compassionate. People's comments included: "They do [care] indeed, very much", "Anything I want they'll do", "They are very kind, very polite", "[Staff do] little things, like doing up my pinny", "I have tremendous sensitive feet and legs with constant pain. They are very careful not to cause any pain and they try various ways to put padding on" and "I have very dry skin on my back, they make no trouble of that. They give a really good wash off and cream. They say 'is that alright, I'm not being too hard am I?'" Another person said, "It relaxes me a lot when they come. I tend to think I'm alright now!" Relatives comments included, "In conversation with [my relative] they are not always in a good mood. They [the Bluebird staff] have a way of talking that calms them down", "[Staff have] a 'dignity towel'. They remember to draw the curtains. People do say 'we are going to do this now, is that ok?" and "One carer had written 'feeling low as family are going on holiday' so they sat and had a chat with [person's name] They will sit and have a cup of tea with them if they have time which they like and we are happy with". One relative had told the supervisor during a review that they could not speak highly enough of their care worker who was smart, professional and had built up a trusting relationship." Another relative wrote to say thank you to all the care staff involved in their father's care, saying "they have been outstanding."

People were supported in innovative ways, to be pro-actively involved in making decisions about their care, treatment and support. For example, the provider undertook a 'Talk Care' campaign to promote a conversation about care that was positive, informative, open-minded and inclusive. Members of the public were interviewed around the city to see what they knew or needed to know about social care. With their findings the service made a series of informative short videos posted online of conversations with health and social care representatives such as the local hospice director of nursing, to highlight key things people needed to know about care. These included the importance of planning ahead for care, options for care, and simple explanations about lasting power of attorney, benefits and paying for care. These were posted on social media which enabled people and families to be better informed about care options and what was important in planning their care. People of older years were celebrated and enabled to be involved in the campaign to raise awareness of social care issues with consent through social media. People using the service were interviewed for a local Devon magazine to share 'nuggets of wisdom' through the 'Wisdom Project'. One person said, "My nugget of wisdom is to keep a routine and keep in touch with your friends." This all helped people feel they were noticed and important within the community.

Staff clearly saw people as individuals and said they tried to think of small ways they could further enhance their visits. There were many examples of outstanding care. One care worker said how they were also a trained beautician and always took their beauty bag out so they could offer manicures and beauty treatments for people. They said they had been with most of the people they cared for since they started and loved to see them.

Staff told us, "I personally love to go above and beyond when it is possible. I have recently been building a trusted relationship with an elderly lady as she hasn't had any care help at home and is a very independent lady, She likes to do everything herself. I learnt that if I ate my lunch or even breakfast with her then she

would eat too. I have never rushed her calls even if that meant staying a little extra with no extra pay, as I know that trust can't be rushed. I sit and do puzzle books with her or just sit talking with her" and "I am proud to be part of an outstanding company that really does care not just about the customers but also the carers, they are amazing with mental health issues and they go that extra mile for you which makes you want to go the extra mile also like myself. When one of my customer's family went away on holiday I knew they would be lonely and upset so even though I see them twice a day I also went round each day after work and sat and them and had a chat or went for a walk. They really appreciated this and I also do a food shop on my day off and take it round to them the following day."

Staff consistently spoke of the lasting bonds they made with people. Saying "I feel I have gone above and beyond for my customers ensuring they are safe, well and their personal needs are met up to expectation and more. I have formed a special bond within each customer whilst delivering brilliant care and have worked with other networks to ensure that they get the care they need and deserve. They gave us examples of their care. One person didn't like to ask for anything. The district nurse said they were to have their feet washed twice a day and creamed. I informed all the carers and had feedback from a community nurse praising the actions I had taken. I asked if their visit could be increased to a longer time period so we could slowly encourage them to accept personal care and I pick up their medication and update their close neighbour. Things have improved for them now." Another private person was now also accepting care, shaving and keeping cleaner. The family had mentioned how well [person's name]'s care was improving and they no longer refused help. The care worker said, "I always discreetly check the bed is clean and I asked family for new bedding and protection."

Another care worker said how they attended a lovely lady who could be somewhat challenging as they kept trying to walk when they couldn't. The care worker had waited for an ambulance when they were going into hospital and packed their belongings, secured their home and provided reassurance, informing their family. They had also rung the stair lift company and worked through verbal instructions to mend the lift. They said, "I was able to liaise with the daughter to give instruction of what to do in case an incident happened again." They said they got to know people well because they had a regular 'round' saying, "What is a joy with Blue Bird, is due to the continuity of care, one can really make a round "your own". The care worker had spoken to a physiotherapist and ensured the person received essential equipment to help minimise falls

People commented on the national home care website. This is a website that allows people to make comments on their experiences of care, "I have only had the use of Bluebird Care (Exeter) for three weeks on coming out of hospital after two and a half months. However, I feel I have known my carer for a long time. She is aware of my needs and my preferences and remembers them. This is very helpful to me - I am 87 years old. She is always prompt, ready to please and a happy person to have around. (I never feel I have a stranger in the house). their standard of work is excellent." A relative wrote, "Mum has had morning and evening carers from Bluebird Care for over 4 years. Mum and I have always been impressed and pleased with the quality of the care given and it has been crucial in enabling mum (who is 94) to continue to live an independent life in her own home. The carers are efficient, friendly and managers have been accessible and efficient on the few occasions I've needed to contact them."

The provider had a 'Carer of the month' scheme which recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. Each month people and families were invited to give feedback about care staff from whom a monthly winner was chosen. A display of previous winners included praise for staff members.

People said staff treated them with dignity and respect. Each person's care plan included information about their individual communication needs. For example, any sight or hearing loss and speech difficulties. Staff

had training in promoting privacy and dignity and discussed practical ways to do so. For example, by noting and respecting people's wishes they expressed about their preference for male or female care staff or when people preferred an alternative care worker. Staff were taught how to cover people when washing to respect their privacy which people confirmed happened.

Staff spoke with compassion and respect about the people they supported. They knew people well and what was important to them. For example, that being independent was very important and knowing about their favourite music, heroes and family relationships. Staff told us about the various ways they promoted people's independence. For example, by prompting people to do as much as they could for themselves during personal care and encouraging movement. A care plan about personal care said, "I will need help with jumpers and tops only." I need support to go downstairs, I need the carers with me. My mobility is improving so I require less support and supervision than I did." Another care plan said, "Please don't open my cupboards and leave washing up on the side. I have a shopping list written. Offer to take me along and have coffee in the café if there is time." One person told us, "When they are showering me, they say 'do you want to do this bit yourself. They've been very nice about it". Staff had worked with the police and safeguarding team to help support a person living with dementia who had episodes where they thought they heard a little boy in their house. This was managed well so agencies were aware. The care plan said, "This upsets me, please reassure me and when I misplace items." This showed the service understood people and tried to support people through all aspects of their life within the community.

Is the service responsive?

Our findings

People and relatives all praised the responsiveness of the service. They said where they had needed to make changes or improvements these had all been listened and responded to. For example, people gave examples of the service moving visit appointment times, saying "They have always tried their best if I've needed urgent care", "I get the rota's. A couple of months ago they emailed them to me, it is working really well. They also email invoices and I pay electronically" and "[We changed] the timing of his care, we wanted a bit earlier and that has happened". One person said they hadn't needed to change anything, "it goes like clockwork."

As well as responding to people's changing needs, the agency worked in innovative ways to enrich people's lives 'Building a community of friends in Exeter, Exmouth and East Devon'. The service went that extra mile to exceed people's expectations of the service. For example, the service was building on their wellbeing agenda. Staff, led by a 'Wellbeing' Ambassador' organised a monthly wellbeing programme to get people out socialising, having new experiences and having some exercise. The service 'Wellbeing Programme' stated 'Helping our customers get out, have fun, feel fit and meet new people'. Monthly wellbeing events gave people an opportunity to meet and socialise, renew friendships and make new friends with office and care staff and get to know them better. Wellbeing events took account of people's wishes, and what they were interested in doing. Following each session their care workers asked how it had gone and if any improvements were needed. For example, local practitioners such as 'Dance in Devon' (or staff with those skills) were invited to a venue, so people could try armchair yoga and dance and shiatsu massage. People had requested these to return. There were trips out to garden nurseries, art making at the museum, dementia friendly cinema trips and reminiscence sessions. Feedback showed this significantly improved people's physical and emotional wellbeing and reduced their risk of isolation. One relative said, "[Person's name] went to armchair yoga. They came back smiling from ear to ear, we had something to talk about and I was able to have time to myself." Another relative wrote to the service to say, "The wellbeing session sounds brilliant, [person's name] really did enjoy it and talked about it loads." This further enabled loved ones and relatives to have fun conversations and focus on positive times. Staff provided one to one care if needed, transport or were able to attend if they wanted to be involved.

The service was also working with Age UK venues so people using Bluebird could meet other people, which helped facilitate social inclusion. A new partnership with another local charity was offering a 'Wellbeing Hub'. This provided discreet personal care, complimentary treatments, on-site library and laundry known as 'The Wash Room'. The service envisioned getting away from the traditional 'elderly day centre' service and offering an empowering, inclusive experience for young and old focussed on a preventative, trusting agenda.

Intergenerational experiences were promoted where people could enjoy spending quality time, sharing their skills and lives with school children in a meaningful way. This was inspired by the Channel 4's Old People's Home for 4 year olds and the Wellbeing programme was expanded to include regular visits to a local primary school. This aimed to connect the generations and create a sense of wellbeing for both young and old alike whilst also raising awareness of positive social care with parents and school staff. There had been

an increase in the use of social media since these outings and the events were celebrated in the Bluebird and school's newsletters. Staff arranged transport and enjoyed spending quality time with people. One care worker said, "It was amazing, we went to the local school and the ladies sat down with jigsaws, games and colouring and the children came to join them. It was really lovely to see." People and relatives responses from the first session included, "I thought it was great, I thoroughly enjoyed it, the children were lovely", "I used to work as a teaching assistant and it brought back many memories" and "My mother really enjoyed it, getting the two generations together. She would be pleased to do it again."

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Because staff knew people well and there were good communication channels between community staff and the office people's changing needs were quickly identified and actions taken. For example, staff had noticed that one person was only able to remain in their bedroom. They helped the person and their family organise a downstairs room so they had their television and a view of the birds out of the window. One person living with dementia also had complex health needs. A care worker told us how they worked alongside the GP and district nurses. As they visited every day they were able to notice changes and share these to ensure they had all the equipment they needed or when they were 'not quite right'. For example, they made sure their shopping was ordered and kept in contact with their next of kin, leaving out menu plans so the person ate what they fancied to maintain their weight. When they were under weight they sat together to eat in the garden. They told us how they had given up days off to drive them to hospital appointments, spending a day there for treatment with them. They told us, "I spent a whole day there when he needed a blood transfusion".

There were detailed on-call handover reports which highlighted where there had been changes during the day and night. For example, one person was reported by a care worker as being 'not in good spirits' and highlighted this to the next care worker visit and rang their relative. The person was still not well at lunch time and the care worker called an on call GP, arranging for the relative to sit with them. A weekly senior staff 'Huddle' meeting also discussed how new people using the service were, any issues and how new staff were progressing.

People's care plans were very detailed and included information about peoples' likes, interests and background and gave clear information about the support people needed to meet their physical and emotional needs. They provided staff with sufficient information to enable them to provide care effectively. Staff monitored people's healthcare needs and, where changes in needs were identified, care plans were updated immediately using the computer system. For example, one care worker had noticed a person starting to misplace items. They had kept in touch with a relative and together they had arranged for the person to go with a neighbour to the GP for a dementia test. Another relative praised the staff for their patience and encouragement with their loved one living with dementia. They had found the Bluebird team helpful, implementing every suggestion to try to encourage acceptance of care support. Bluebird now ensured particular care staff who the person seemed to respond to visited. Another person in a similar situation was reported by their relative as having a fantastic morning, relaxed and happy in [Bluebird] company. There was a specific care plan designed for people living with dementia based on the nationally recognised 'This is Me'. This stated 'this leaflet will help you support me in an unfamiliar place'. This was to help health and social care professionals build a better understanding of who the person really was. One 'This is Me' said 'I have dementia and I tend to decline the majority of my personal care. Please talk to me with my soft toys when I am having personal care as this will distract me' and 'I do not enjoy being touched so keep this to a minimum.' Staff spoke to us about how they used information gathered in care planning. One care worker said, "I feel rewarded by being able to help wash [person's name]'s hair or help them get dressed [which made them happy], and even today I am still learning new things about them." This all meant people continued to receive care which met their needs and supported their independence as much

as possible.

Bluebird Exeter also worked closely with local health and social care providers to respond to the changing needs of local people. For example, they participated in a pilot project to enable people to be discharged home from hospital as soon as possible. Staff worked with the NHS urgent care team/rapid response process in Exeter. There was a clear flow chart process for staff to follow when delivering rapid emergency care for people with a dedicated team from Bluebird Care. Staff told us how they enjoyed delivering this type of emergency care and felt well supported. Often people then moved to a permanent care package with Bluebird Exeter which further enhanced consistency of care. Documentation was shared with the NHS team and care workers could access initial care details on their smart phones prior to their visits.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For a person with a visual impairment, their care plan, which had been read out to them said, "Let [person's name] know when items need to be added to audio smart assistant shopping list, put things back where you find them, say in advance what is happening and ring [person's name] before you enter." The person said staff described their clothes to give them choice, knew which pot to put medication in so they could feel it and let them know what their pet was doing. This all enabled them to continue living independently in the community.

The agency supported people at the end of their life to have a comfortable, dignified and pain free death. Staff had undertaken 'End of Life' training and gained experience on supporting people to die at home, although no-one was receiving this care at the time of our inspection. Support was also for families as a whole. One care worker told us how they had supported a couple through a family bereavement, ensuring the person receiving care was looked after whilst there was a funeral and helping them get there without having to worry. Another care worker told us how they had cared for one person at the end of their life with great respect. They said, "He had the most amazing sense of humour. If he was my last visit or I had a break I would spend extra time with them as they loved to talk. At the end of life I made sure they got the care they really needed and that they were treated with plenty of dignity. I feel each elderly person should be treated just the way I would want to be treated. I never rush anyone, I like them to feel they are in control of the care assistance they are receiving."

Feedback from relatives showed how much their support meant. Feedback from relatives included, "Thank you for the care and kindness, it made their life so much easier and they could stay in their home", "You helped her remain in their home, it was her desire and you helped her achieve this" and "I loved your professional approach, it made us feel confident and secure. Thanks you." The provider information return (PIR) highlighted how staff providing end of life care had visited a local funeral parlour to get an insight of care of a person after their death. They felt it was important for staff to understand the whole journey and be able to support relatives and loved ones at that time supporting them with arrangements.

The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. This included contact details for the branch office, and other organisations people could contact if they were dissatisfied with how their complaint was being dealt with by the service. Where any concerns were raised, these were taken seriously and immediate action taken. The service followed the duty of candour and ensured they were open and transparent, using findings for improvement and learning.

Is the service well-led?

Our findings

Bluebird is one of the largest providers of homecare services in the UK. It operates a franchise model with more than 200 offices with W&S Flint Services Ltd owning three locations in Devon supported by a national head office.

People and relatives spoke about the exceptional quality of care and management provided by staff at Bluebird Care Exeter and how they felt very involved in their loved ones' care. Comments included, "My mother has dementia and lives on her own. Bluebird Care Exeter have been excellent in supplying carers with extra expertise. They have adjusted to any variations in care and are kind, caring and on time. They make sure Mum has an interesting time, take her out shopping, or for a drive or out to lunch and to Wellness Meetings. Any questions or alterations, the management or carers keep me informed and it is very much a team effort between Bluebird and myself. The management is extremely approachable and responds to any questions or changes that are needed and regularly make contact" and "The [computer system] is brilliant as I can then see what the notes are for each visit and can spot any trends or changes that are needed. Overall the service is excellent and I have not come across any issues at all. Thank you."

The provider promoted a very positive culture that was extremely person-centred, values based, open, inclusive and empowering. They had a clear vision for the service to make people's experience of homecare "not just good, but great." This was expressed through their service aim to "make homecare not just great but outstanding. We strive to do more than meeting physical needs and keeping our customers safe. We want to provide a service that enriches lives." Their values included being 'always here for our customers', 'we're the experts', 'more than care- going above and beyond' and 'trust in us'. These values were spoken about by staff and seen in their work. One person told us, "It's a very well-run organisation. The care co-ordinator is brilliant. The face to the customer is 'we will do our best'."

Staff spoke of the meaningful relationships they had with people and their families. For example, we visited one person whose spouse was struggling to cope. They told us how care workers often sat with them for a chat, planted plants in the garden as the person could no longer do this. They appeared upset during our visit so an appointment was made with a supervisor to provide carer support and see how the care plan could be amended to include tasks that made their life easier. For example, being mindful of the amount of washing generated. The provider was promoting a family and carers support group. They were also working with community services to reduce the 'revolving door' issue where people went in and out of services to see how they could be better supported at home. Another person was moving to be nearer their family. The care worker had spent a lot of time reassuring the person that it would be a positive adventure and had spoken to the family to make sure the move went well and the person had everything they needed in the new location.

The provider and management team also ensured staff were well supported. A closed online support group ensured staff could talk to colleagues easily, supported by clear online rules. Caring for staff was high on the agenda to encourage staff retention and therefore consistency for people. There was a benefit package for staff which included feedback from people using the service. For example, "Thank you for picking up calls

recently, It's really been noticed and appreciated", "Your regular customer said you were very professional and one of our best. Great work!" and "A Thank you card said "Thank you for your support and dedication before their wife passed away. We can't thank you enough for the positive impact you had on this family."

The provider had an in-house award scheme which recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, a 'Carer of the month' an annual 'Carer of the year' and long service awards. There was an annual staff awards ceremony which included recognition and awards for long service. National Bluebird awards gave opportunities to further praise staff. The previous registered manager, now Head of Operations, won the South West Registered Manager of the Year award 2017. Comments within the nomination said, "She has quality at the forefront of her thinking, She is a great motivator and She is a team builder at heart". They had also ensured staff had fair employee contracts and built a sustainable recruitment strategy in Devon. Staff were encouraged to meet up socially as a team and enjoyed summer and Christmas complimentary parties together with the provider as a show of thanks. A care assistant had been nominated with comments such as, "[Care worker's name] and her customer stay up for hours chatting away, over the years they have developed a trusting and open relationship" and "[Care worker's name] speaks with the family regularly to make sure information is shared and the correct support is in place." They had been recognised for going above and beyond, buying Christmas cards for people to write, returning items to a shop and picking up items outside people's care plan tasks. In 2018 Outstanding Care Awards Devon and Cornwall the registered manager won bronze award in the Outstanding Community Manager category. In 2017 a care worker from Bluebird Care East Devon was awarded The South West Care Worker of the year and was also a finalist at the Great British Care Awards Home Care Worker of year category. Currently, the agency were finalists in the 2018 Exeter Living Awards in the Health and Wellbeing category. This was in recognition of their "Wellbeing" and "Talk care" campaigns and for promoting, celebrating and valuing home care services. The agency were also a finalist in the 2017 Express and Echo business awards Home care provider of the year a finalist in Exeter living awards, which celebrates best of Exeter's business community. In 2016 the provider won the 2016 Employer of the year award at Exeter and East Devon business awards. The award recognised businesses which go the extra mile to be an employer of choice and successfully engaged their employees in the company's strategic goals and company values by creating a positive workplace culture.

As the values stated, staff cherished their relationships with people and families. One care worker said, "I am extremely proud of getting to the semi-finals, it makes me happy to know I can support my customers to the best of my ability with the continued support of Bluebird. My supervisor has been excellent and has been extremely supportive and an asset." Staff all said how rewarding they found their role, being proud to be 'Devon Bluebirds'. Office staff were also included. One nomination said, "[Person's name] worked under their own initiative to make sure our vulnerable customers clear about our finance arrangements and has a great sense of humour and rapport with the customers showing great personal concern for them if they are taken ill."

People and their families were encouraged and supported to be involved in Bluebird Exeter as well as promoting social care in a positive light. There was a regular newsletter highlighting changes and health awareness campaigns as well as a social media page. Any changes to the running of the service affecting people were shared in detail. For example, proposed changes to terms and conditions were consulted on. The feedback letter to people and families said, "We do hope that these important changes, based on your valued input, reflect that we desire to work openly with you, our customers whilst also aspiring to be the best employer in our local community." This showed there was a collaborative ethos.

In support of that aim, the service had a business plan with clear actions linked to their objective to "Be the most in demand; reputable, admired and respected home care business in East Devon." For example, by

providing "more than care," through staff training, development and continuously monitoring and improving the quality of care. The service worked in partnership with other health and social care providers to develop services in response to the changing needs of local people as well as raising awareness about issues within adult social care. For example, the local health service providers in urgent care in the pilot project to enable people to be discharged safely home from hospital as soon as possible. With the fire service on prevention issues and safety, with the Alheimers Society to offer dementia friends training for staff and families and with the local community as a whole to offer wellbeing services and socialisation and respite for carers.

There had been extensive investment in training to develop a very comprehensive rolling programme over the year with staff supportive, open workshops. Training catered for all types of learning and the emphasis was on providing relevant, high quality training which was practical and fun whilst offering clear career progression. People receiving a service were treated as equals and able to have input into sharing their own experience of receiving care and teach staff. Social media helped to link training to national awareness topics and inform families, empowering them to understand their loved ones experiences. Where staff had individual skills these were used to benefit people using the service. For example, one staff member had experience in computer science and technology. They were working with the registered manager to develop formalised 'digital care visits' to promote potential avenues in which individuals' quality of life could be improved by the use of computers and tablets. For example, they had helped people access family through video sharing, increasing connectivity and communication with family and friends, limiting issues of isolation and loneliness. They had also helped people and families, creating shortcuts/bookmarks on computers to frequently used sites enabling those unable to type freely and promoting independence; educating customers about the different operating platforms available for their respective devices; educating about privacy online and how to remain private and resolving connectivity issues. They were now looking at supporting people to shop online. They said, "It certainly has had an impact positively on the people I've helped."

The provider was committed to continuous improvements and used evidence based best practice guidance of what works well to improve quality of people's care. As part of the national Bluebird Care franchise, the provider and staff had access to evidence policies and procedures based on the National Institute for Health Care and Excellence (NICE) guidelines and best practice guidance from the Social Care Institute for Excellence (SCIE). They were also part of a national network of domiciliary care providers who shared ideas and innovations from other branches. A care supervisor told us about a 'Proud to care' event they were attending that weekend in the city centre to share issues and concerns about being able to recruit staff to meet rising demands. Proud to Care South West is a partnership of 16 local authorities and Health Education England working together at a regional level to raise the profile of a career in care and health. The service had identified that social care in the community was projected to require a staff increase by 35-53% by 2030. Therefore, staff were going into secondary schools to positively promote careers in social care and 'mold carer paths in preparation'.

The service had a registered manager. They felt well supported in the role by the provider and the operations manager and head of operations. The new hub manager told us they had enjoyed the inclusivity and team work by being part of the new staff induction programme. "We all learnt to use the hoist by lifting each other. It was a great way to meet the team and work as one. That's what happens at Bluebird". The registered manager led by example and set high expectations for staff as did other registered managers for Bluebird Devon. They had a supportive leadership firm but fair style, delegated roles and responsibilities to staff with attention to detail and listening. For example, the 'Huddle' was a way for the office staff to catch up, plan ahead and share information or concerns. Staff took turns to minute and chair the meetings. Minutes were very comprehensive and covered care of people receiving the service and staff. For example,

staff were following up with a person's GP surgery and family as they were concerned about their health and staff were invited to join a netball team. The registered manager set clear expectations of the high standards expected, with a focus on continuous improvement. The agency supported staff to fulfil their potential. For example, leadership and management training was arranged for supervisors to help them progress in their career. Following expansion of the business, the provider had just appointed another Head of Operations for the East Devon area, who was just undergoing their induction so that staff were not too stretched.

Staff were highly motivated, enthusiastic and recent staff survey results showed a high percentage of staff felt proud to work for Bluebird Care Exeter. They consistently praised the good support, communication and teamwork. Staff said management were approachable, supportive and passionate about care and valued their staff. For example, all staff felt able to put forward ideas and these were being actioned, such as a new, more private comfortable space for staff to relax in or work on the computer, joining the wellbeing programme and pursuing particular training topics. Extended weekend office opening hours had now also been implemented so office staff were available for people, relatives and staff online. Staff groups were broken down into geographical areas so supervisors would be linked to care workers and know the people using the service for those members.

The service used a range of quality monitoring systems to continually review and improve the service. Weekly key performance reports monitored and reported on customer visits every two to three months, the findings of staff 'spot checks,' audits of care records, medicines management, accidents/incidents, complaints and staffing levels. Where any gaps or areas for improvement were identified, these were identified and followed up.

The quality monitoring framework included regular audits of the branch against Care Quality Commission (CQC) fundamental standards. Heads of departments met regularly to get feedback from the office teams, share learning and keep everyone informed of service developments and new initiatives. The service had a very detailed continuous quality improvement plan which identified improvement areas and was regularly reviewed and updated. This demonstrated the service made continuous improvements in response to their findings.

The service had thoroughly prepared for any CQC inspection by gathering their own evidence against the CQC key lines of enquiry. This showed they were keen to do well, focussing on the benefits for people at all times.

The Homecare UK association of online reviews by people showed Bluebird Care Exeter had average scores of 9.7 (out of 10) from respondents who were extremely likely to recommend the agency to others. People's feedback, views and suggestions were regularly sought through regular reviews and twice yearly customer satisfaction surveys.

The agency had a range of policies and procedures to support and guide staff, which were evidence based, reviewed and updated annually. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.