

Maxtoke Ltd

# Bluebird Care (South Gloucestershire)

## Inspection report

14 High Street  
Chipping Sodbury  
Bristol  
BS37 6AH

Tel: 01454323624  
Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

Date of inspection visit:  
14 August 2018  
15 August 2018

Date of publication:  
25 October 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was started on Tuesday 14 August and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the provider, registered manager and other office staff were available. On 14 and 15 August 2018 we made telephone calls to people who used the service or their relatives and asked them for their views and experiences of Bluebird Care South Gloucestershire.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

At the time of this inspection the service were providing a service to 100 people in their own homes, had 33 care staff and five live-in care staff, six office staff as well as the registered manager and provider. Services were provided to people whose care and support had been arranged on a private basis or was commissioned by South Gloucestershire Council. The geographical area the service covered was within a 10 mile radius of the market town of Chipping Sodbury, South Gloucestershire. The service could be provided from a small number of hours per week up to a 24 hours live-in service.

The service was last inspected in January 2016 and at that time we gave an overall rating of Good. The provider has made significant improvements to the service since the last inspection.

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.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the rights to sell a specific company's products in a particular area using the company's name. Throughout the report we have referred to Bluebird Care (South Gloucestershire) as Bluebird Care.

Why we have rated this service as Outstanding.

The service was exceptionally caring. To ensure people received continuity of care, they were allocated to the least number of care staff. People had in the past raised concerns when this had not been the case and had been listened to. A new care coordinator had resulted in improved planning and better outcomes for people. Care staff knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs. The feedback we received from people and their relatives was overwhelmingly positive.

The service went over and above to provide a person- centred service to each person. One example is their 'Nobody is lonely at Christmas' campaign where care staff had arranged for people to have a full Christmas

meal with all the trimmings, when family and friends were unable to. Two of the care staff had received awards, one from the Bluebird Care Franchise office, 'Best carer in the South West' and the other 'Best apprentice', nominated by their external NVQ trainer.

The service was exceptionally responsive. The assessment, care planning and service delivery arrangements ensured each person was provided with a service that met their specific care and support needs. Their care plans were reviewed on a regular basis and changes made as and when required. Care staff would feedback to the office staff where people's needs had changed so the service could then respond to these changes and support the person appropriately. People were provided with information about the service so they knew what to expect. These details included the provider's complaints procedure so they would know how to raise any concerns they may have. The provider used feedback about the service to drive forward any improvements. Feedback from people and their relatives was gathered in care plan reviews and in regular surveys. The views and opinions of people were actively sought and acted upon. It was evident the service was fully focused on meeting people's individual care and support needs and that they were satisfied at all times.

The service was exceptionally well led. Since the last inspection the office structure had been enhanced and now consisted of the registered manager, a recruitment and development manager, one care coordinator, a field supervisor, a live-in care supervisor and customer assessment supervisor and an accounts assistant. There were plans to recruit an admin/coordinator support. The provider was actively involved in the service, and had a daily presence in the office. The provider maintained a good oversight of how things were going.

Because the provider had exceptional systems in place to monitor the quality and safety of the service people were provided with a safe, effective, caring and very responsive service that was well led. There was a strong focus by the provider, registered manager, office staff and care staff in ensuring the service was of a high standard.

People received a safe service. The provider, registered manager and staff team were all totally committed to providing a safe service where service delivery was always of a high standard. The systems in place for the management of medicines were exceptional. Records of administration were made electronically and care staff could not log out of a care call until this had been completed. This meant the support people received with their medicines was as prescribed by their GP. Staff completed safeguarding adults training and knew what to do if there were any concerns regarding a person's health and welfare. Staff also received regular moving and handling training to ensure they always moved people safely. Other risk assessments were completed as part of the care planning process and strategies put in place to reduce or eliminate the risk. The service followed safe recruitment procedures when taking on new staff to ensure people were looked after by care staff who had the right qualities and skills. The provider had an ongoing programme of staff recruitment in order to meet growing demand for their services. There were sufficient numbers of care staff to meet the care and support of people they looked after safely.

The service was effective. People's care and support needs were assessed prior to a service being set up. The person was very much involved in the assessment and encouraged to have a say in how they wanted to be looked after. The assessments and the resulting care plan was person centred.

The care staff were well trained. New care staff to the team completed induction training and then a number of shadow shifts with an experienced member of staff. They then had a 12 week probationary period to complete during which they worked through the Care Certificate. During this time the new recruit was monitored by the recruitment and development manager and field supervisors. Ongoing mandatory

training was arranged for all staff and included any specialist training where people had specific care needs.

People were provided with assistance to eat and drink well where this had been identified as a care need. The care staff were aware of the need for people to have good nutrition and to maintain good hydration, and had actively monitored people in the recent heatwave conditions. The registered manager, office staff and care staff all worked with other health and social care professionals to benefit the people they supported and ensure their health and wellbeing was maintained.

People were supported to be as independent as possible. Their mental capacity was assessed as part of the whole assessment process. People were actively involved in making decisions and encouraged to make their own choices about their care and support and how they wanted to be looked after. The service was meeting the requirements of the Mental Capacity Act 2005.

## 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 remained safe.

Good ●

### Is the service effective?

The service has remained effective.

Good ●

### Is the service caring?

The service had improved and is outstandingly caring.

Outstanding ☆

### Is the service responsive?

The service had improved and is outstandingly responsive.

Outstanding ☆

### Is the service well-led?

The service had improved and is outstandingly well-led.

Outstanding ☆

# Bluebird Care (South Gloucestershire)

## 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 over two days, 14 and 15 August 2018 and was announced. We gave the service short notice of our visit to the office on 14 August, because we wanted to make sure the people we needed to speak with were available. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who had used or had a family member who has used this type of service.

Before the inspection, we asked the provider to complete 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 other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to notify us of.

During the inspection we spoke with the provider and the registered manager, the six office based staff (care coordinator, field supervisor, live-in care supervisor, the recruitment and development manager, accounts assistant and customer assessment supervisor). We also spoke with three care staff. We looked at the care records for four people and other electronic care records. We also looked at records relating to the running of the service. This included, policies and procedures, records of events that had happened, quality checks that had been completed, supervision, training and recruitment records for five members of staff.

We spoke with eight people who used the service and five relatives of people who used the service. We visited five people in their own homes. People were asked about the care and support they received from Bluebird Care South Gloucestershire and their views have been included in the main body of the report.

## Is the service safe?

### Our findings

The service was good in its approach to keeping people safe. People said, "Absolutely, I am very comfortable when care staff come to see me", "I am 90 years old. I do feel safe with all the staff who come in to my home", "The care staff always make me feel safe" and "I have a great relationship with the care staff". Relatives were also extremely positive about the service their family member received. They said, "My relative is always safe and comfortable with the care staff", "X is extremely comfortable with the care staff" and "The staff are always welcoming and smiling when they see my relative".

Care staff completed training to ensure they looked after people safely. The training consisted of safe moving and handling, generic health and safety training and safeguarding adults. Those care staff and the 'office' staff we spoke with were knowledgeable about abuse, knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. The care staff had access to the provider's safeguarding policy via a pre-loaded application on their work mobile phones. Care staff were also provided with a set of laminated prompt cards and these provided all the details they needed to be able to report directly to the local authority or the Care Quality Commission. In the last 12 months two safeguarding alerts had been raised with the local authority regarding concerns around people they supported, both referred by the service themselves. The registered manager had worked well with the local authority to investigate the concerns raised and ensured lessons were learnt from any issues that were found. The recruitment and development manager had completed a 'train the trainer' course in January 2018 therefore was able to deliver in-house training on safeguarding adults to the care staff.

Any risks to people's health and welfare were assessed when the service was set up and then kept under review by regular monitoring. Risk assessments were completed in respect of moving and handling tasks where care staff were required to assist people to move or transfer from one place to another. The person's moving and handling plan set out the equipment to be used and the number of care staff required. Risk assessments were also completed in respect of the likelihood of falls, personal care tasks, specific activities the person may take part in, medicines and any health risks. Where risks were identified control measures were put in place to reduce or eliminate the level of risk. An assessment of the person's home was completed to ensure the safety of the person and the care staff who worked with them.

Staff were trained to take positive risks in order to maximise people's independence. The registered manager told us about one person who had learning disabilities who was assisted to make meals and hot drinks, do their own shopping and participate in social activities out in the community. This is a prime example to show the provider and staff team had an innovative approach to risk, enabling people to live a normal life, as independently as possible.

The provider had a business continuity plan in place. The plan covered the emergency call-out details for all utility services, a severe weather and a heatwave plan, loss of IT systems and staff shortages. The provider said their snow plan had worked well in March 2018 but they, the registered manager and office team had looked at how things could have gone better. All essential care calls has been covered whilst others were either cancelled in consultation with the person/their family, or rearranged for when care staff could get to

them. A 'customer priority tool' document had been introduced – these detailed people's medical conditions, location and any available family/friendly support. The service had also arranged for additional volunteer drivers to be on standby for winter 2018/19. This evidenced the provider's commitment to continual improvement.

There was an ongoing process of staff recruitment in place. At the time of this inspection there were sufficient care staff to meet the care and support needs of each person they provided a service to. The service was looking to recruit an additional member of staff for the office team – an admin/coordinator support and administrator. The provider was keen to expand and meet demand for service in the geographic area they covered. Care staff were employed on a guaranteed hours agreement and informed the care coordinator of their availability. Care staff were able to pick up extra hours when cover was needed.

People received the service they expected and care calls were not missed or shortened. People and their relatives we spoke with confirmed this, although there were some comments made about timings of care calls and care staff being changed at the last minute. The explanation for this was because of last minute staff sickness and unavoidable staff changes having to be made. At the time of the inspection concerns had been raised by the family of one person because a call had been missed. The missed visit was the first of the year and we acknowledge the exceptional circumstances that caused this. This was because the member of staff had been taken unwell on the way to the visit and been unable to contact the office. The registered manager had taken actions to ensure this could never happen again.

The service followed safe recruitment procedures to ensure only suitable workers were employed to work with the people they supported. Pre-employment checks were undertaken and included an interview and interview assessment, two or three written references (one at least from a previous employer) and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Some people required assistance from care staff with their medicines. The level of support they needed was assessed and recorded in their care plan. People could either be prompted to take their medicines or assisted with administration of medicines. Care staff received safe administration of medicines training before they were able to assist people and their competency was then rechecked regularly. The records showing that people had been supported with their medicines were made electronically, using the care record 'app' on care staff mobile phones. If these confirmations were not made an alert would signal in the office. This meant any medicine errors were picked up immediately and remedial action could be taken. The member of staff could be contacted if they had not recorded medicines had been administered. The care planning app reduced the risk of missed medicines. Where people needed support with time specific medicines, for example Parkinson's medicines, this information would be recorded in the care plan and ensured care staff were allocated at the correct time. Any medication errors would be recorded and fully investigated. Action would be taken to ensure that risks were minimised. For example, additional observations and staff training. Any incidents would be reported to the appropriate professionals.

Care staff received prevention and control of infections training as part of the mandatory training programme. They were provided with the personal protective equipment (PPE) they needed to do their jobs. Care staff confirmed there was always a supply of gloves and aprons available. Observational checks of all care staff were made on a regular basis to ensure they wore their uniform correctly, used PPE properly and had good standards of hand hygiene.

## Is the service effective?

### Our findings

People were positive about the service they received. They said, "The staff are good, very skilled and well trained", "They wash my legs properly and put cream on very carefully. This gives me reassurance they know what they are doing" and "The service is very good, they even walk my dog". Relatives were also very satisfied with the service their family member received. They said, "We have a regular team, they are all skilled", "Every care worker that comes knows what to do" and "They are very good. They do not rush and they complete everything we need them to do for my relative".

Before a care service was set up, an assessment meeting was set up, preferably in the person's own home. Prior to this meeting, people were sent an information pack. One of the documents in this was a checklist that people were asked to complete ahead of the meeting. This enabled them to gather information at their own pace and not be bombarded with a lot of questions. A full care assessment with people was completed and an agreement made with the person about how they wanted to be supported. Any family member was able to be present at this meeting. Each person was provided with a person centred service and their care and support preferences were known.

The service have used a computerised software care planning system since October 2016 so preparation of the person's care plan starts at assessment. People were provided with a paper copy of their care plan and an electronic version was fed directly to the office so the care coordinator could start planning care calls. The care staff were either provided with a work mobile phone or could use their own phone. An 'app' was loaded onto their phones and these provided all the information care staff needed regarding their work programme and the care and support each person they were to visit required. The system ensured people were provided with an effective care service and no calls or care tasks were missed. Since a recent event where a call had been missed, the registered manager had allocated one of the office team per day to monitor the electronic monitoring system. This will prevent this ever happening again. The system was used for logging in and out of care calls, so the provider and registered manager could monitor that people received the right amount of care and support.

The provider had a staff training programme which all care staff completed in order to do their jobs well and effectively. New care staff spent three days with the recruitment and development manager and then did shadow shifts with an experienced member of staff, visiting people in their own homes. During the new staff members probationary period (three months) they were supervised weekly. Once signed off probation staff receive monthly supervisions and/or observations and reviews in line with the Bluebird Care career journey. New to care staff then completed on-line Care Certificate training and had to complete workbooks to test their knowledge. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career as an adult social care worker. The Care Certificate comprises of 15 modules to ensure the care staff were suitably trained and able to deliver safe, effective, responsive care.

All other staff had a programme of refresher training to complete. Some of the training was repeated on a yearly basis and this included moving and handling and safeguarding adults. Dementia care and end of life care training was arranged for the staff team and the service were passionate about providing good support

to people living with dementia. Care staff were encouraged to complete health and social care diplomas (QCF) at level two and three. Specific training was arranged for staff groups in relation to individuals needs, for example epilepsy training and 'lifeguard training' for a staff member who supported a person to go swimming. For this person it meant they could go swimming with a staff member nearer their age rather than a parent. The provider and registered manager had made links with outside organisations who provided advice, support and updates. Examples of these organisations include Skills for Care, the Alzheimer's Society, Dementia Action Alliance and external training providers. The provider also told us about a training session arranged for a staff group where the guest speaker was a person with a specific health condition – the person was able to tell the care staff what it was like for them to live with this condition and gave the care staff greater understanding of the issues. The provider had stated in their information submitted to CQC that the quality of their staff team was fundamental to the service being effective and this is a prime example of how they ensured the quality of staff knowledge. Care staff described the training they received as excellent and "we only have to ask if we think we have any training needs".

Care staff were regularly supervised throughout the year and had an annual appraisal where any training and development needs were discussed. Face to face supervisions with care staff were shared between the office staff who all reported back to the registered manager. Observational supervisions were undertaken by the field supervisor and care staff interactions with people and their work performance were assessed. These measures ensured care staff worked to the high standards expected of them. Care staff meetings were held on a three monthly basis but they were welcomed in the office at any time.

Where people needed assistance in respect of meals and drinks, the level of support they needed was recorded in their care plan. Care staff could assist people with preparing meals and drinks within their home, checking food sell-by dates or supporting them with shopping. Where people were at risk of malnutrition or dehydration, this was recorded in their care plan. Any concerns the care staff had when visiting older and vulnerable people would be reported to the office staff and health care professionals.

Each person was registered with a GP of their own choice. Care staff were able to help people make contact with their GP when needed, escort them to health care appointments, organise and collect prescriptions, as part of their agreed package of care. The staff team had close working relationships with other health care professionals such as occupational therapists, physiotherapists, hospital staff and district nurses.

Care staff had received training on the Mental Capacity Act 2005 (MCA) and were aware of the need to ask people to consent and give agreement before providing any care and support. An assessment of their capacity to make informed decisions was made and they were encouraged to say how they wanted to be looked after. Any choices and preferences people expressed were respected. Staff were aware of the principles of the MCA. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Where people lacked capacity to make decisions for themselves the service followed a best interests decision making framework. We saw where one of these forms had been completed in respect of a person who may decline assistance with personal care.

## Is the service caring?

### Our findings

The people we telephoned and visited in their own homes provided evidence that Bluebird Care (South Gloucestershire) was an extremely caring service. They said, "Very polite, the care staff are respectful towards me at all times. The care staff are professional and always caring and kind", "They are really caring and make an effort to have a conversation with me. They always ask if there is anything else I need doing", "Lovely girls who are always polite and respectful" and "They are really trying to make a relationship with me". The relatives we spoke with said, "We are very lucky indeed. The service is excellent and the girls are good and caring at all times", "Excellent care staff, always kind and considerate" and "The staff are excellent, caring and compassionate. They want to make a difference, it is not just a job for them".

The provider and registered manager logged all compliments received. We looked at a selection of the cards and the comments made about the service. They included, "Thank you so much for your care of our parents. Care was very professional and personable and they played such a vital role towards the end of our mother's life", "Dad spoke so highly of you all and it was comforting for us knowing you were looking after him. Thank you" and "We appreciated so much the kindness and cheerfulness, and your excellent work which was a big help". Feedback was always shared with the office team and the care staff.

People were encouraged to provide feedback about the service and to express their views about the way they were cared for. The service always aimed to meet people's needs with regards to age, disability, gender, gender identity, race, religion or belief and sexual orientation. The coordinator also matched care staff to people for their skills, for example epilepsy trained and the person's preferences. The service always ensured that people felt they mattered, that staff listened to them and talked to them appropriately. Care staff spoke about one person's particular care and support needs because of their beliefs and how they respected this. The provider said their service had a person centred culture and the care team was made up of highly motivated staff.

People were always included in discussions about their care and support. Their choices, preferences, likes and dislikes were always respected. They were asked by what name they preferred to be called and any preferences regarding the gender of staff who were going to support them was respected. Those care staff we spoke with were knowledgeable about the people they visited and showed genuine care for people.

The service had a 'Nobody is lonely at Christmas' campaign. In discussions with people, the care staff found out who was expecting to spend Christmas Day on their own. The service then arranged for a Christmas lunch with all the trimmings (provided by local pubs) to be paid for and delivered to them. If the person did not have a planned visit for other tasks, they received a free visit to deliver the lunch and time for the care staff to spend a short period of time with them. In 2016 care staff had delivered meals to five people and in 2017 to four people. One person's family had been unable to visit them at all over the Christmas period so the support provided by Bluebird Care had been very special for that person.

The care coordinator aimed to match people with the care staff who visited them and also aimed for people to be supported by the smallest number of care staff. This was in order to give consistency of service. For

instance, the care coordinator considered whether a 'bubbly and out-going member of staff would fit with a person and also considered where a quieter and 'sensitive' member of staff was required. At assessment people were asked to describe the profile and personality of the care staff who would best suit their needs. One example was where a person asked to have a Christian member of staff support them to ensure they understood their strong beliefs. The working relationships that care staff had with people was kept under review to ensure both sides were happy with the care and support provided. People were listened to if they did not feel they got on well with a particular member of staff and changes were made to their allocated member of staff. The service placed great emphasis upon getting the 'customer-staff member' working relationship right.

The service was also kind and caring to its employees. The provider, registered manager and office team knew how important it was to appreciate the care staff. When staff had helped out, to cover sickness for example, there was a 'goodies for good deeds' system in place. The care staff or office staff could score points to receive small gifts of appreciation and a thank you card. Staff were given pin-badges in recognition of how many years they had worked for Bluebird Care. Five members of staff had recently been rewarded for four years service and been presented with big bunches of flowers. The provider had also arranged to get the story reported in the local newspaper.

The provider nominated staff for awards in recognition of their good work. One of their care staff members had won "Best Carer in the South West" (Bluebird Care Awards ceremony) and another had won the "Apprentice of the Year" award. The best carer in the south west award was nominated by the provider because of her happy nature, the way she cheered people up and sang to them. The apprentice had won the award because of the quality and time taken to complete a diploma course.

People who used the service, the care and office staff were all sent birthday cards from the service. Condolence cards were sent to people's families to show them how their loved one was cared about. At least one representative would go to the funeral, with the family's agreement. This is evidence that the provider and whole staff team genuinely cared for the people they looked after and supported.

## Is the service responsive?

### Our findings

People received a service that was responsive to their individual needs and took account of their particular requirements. Each person received a bespoke service based on the initial assessment and care plan and then a service amended as and when necessary. Those people and their relatives that we spoke with said, "I get exactly the help I need and three or four care staff cover all the care calls", "The care staff know what suits us and will arrange for things to be swapped around if needed", "Because regular care staff are allocated they can quickly identify any changes in (named person)" and "The support we get from the Bluebird girls is the only reason we are able to continue managing at home. They can be flexible to an extent and accommodate any changes we ask for".

The care and support each person required was set out in their care plan and had been agreed with the person and/or their representative. A paper copy of the care plan was kept in the person's home and also as computer records in the office. The care staff were able to access a copy of the care plan for the person they were going to visit via the App on their mobile phones. Those care plans we looked at were clear and provided sufficient detail for the staff so they knew what they had to do. This system meant that no member of staff would ever be sent to a person and not know what care and support they had to provide.

The app system can be made available to people or their relatives where they can view the tasks, the visits and care notes made by care staff. This enabled relatives to be reassured their family member had received the care that had been requested, how they were, what they have eaten or drunk for example. For people, they were able to review their care plan themselves on a regular basis and see what notes the care staff had written providing information on what tasks had been completed.

People were provided with a care file to keep in their own homes. These contained information about the Bluebird Care service and a 'customer guide', a copy of their care plan and any risk assessments. A record of each visit was made using the App system. These visit records provided an account of the tasks completed, how the call had gone and where appropriate confirmation that medicines had been administered. The provider was able, through the main Bluebird franchise office to arrange for the customer guide to be produced in different formats. For example, in braille or compact disc or other languages.

The service had recently obtained movement sensor equipment which could be installed in a person's home and ensure their safety when care staff were not around. This was aimed at people living with dementia or cognitive impairment who would not accept help but were at risk of injury or getting into difficulties. The equipment was also useful when there were long periods of time between care calls and alerts could be sent to family, next door neighbours or even the service. The equipment could be set up to record the temperature within the home or movements between 10pm and 6am for example. We were told that for one person the sensors had been installed because the person did not want three or four calls each day to 'check on them', believing they could still manage independently. The equipment would only be installed where agreement had been reached with the person or their legal representative.

To ensure people's well being was maintained, the service liked to support people to remain involved with

hobbies and past interests. For one person who had been a keen bird watcher, they were given a set of binoculars and a bird-watching book by the staff team. The provider had set up an ambitions campaign where they 'make wishes come true'. For one person this had meant they were able to take their young family on a very special holiday because they were supported by their main carer from Bluebird Care.

The provider and the whole care team were very keen to not only meet people's physical care needs but also to support them socially and make them feel part of a community. Quarterly coffee mornings were held in a local hall, specifically for people who used the service but also members of the public. These enabled people who were primarily housebound to be able to meet up with old friends and others, who they would not have been able to do, if it had not been for Bluebird arranging this. Entertainment was also arranged and in June 2018 a children's choir had sung. The next coffee morning is scheduled to take place in October and links with Silver Sunday, celebrating older people events. These coffee mornings raised awareness with the local community and provided people with essential information on what services were available from Bluebird Care should they or their loved ones ever require support in the future.

People told us they would feel able to raise any concerns they had with the office staff or the provider. There was a complaints policy in place and the registered manager said they listened to all feedback, concerns and complaints. The service had received only four formal complaint in the previous 12 months but the registered manager was in the middle of completing an investigation into concerns that had recently been raised. A copy of the investigation report was shared with us and evidenced that the service took complaints and concerns seriously and took action where improvements were needed. The registered manager also talked about verbal concerns that had been reported, how these were recorded in the reporting log. The registered manager looked for common themes in order to reduce or eliminate the problem.

The service was passionate about continuing to look after people in their own home when they became unwell, very poorly or at the end of their life. The care staff would work alongside the person's family and friends, the GP and district nurses and any other health and social care professionals where appropriate. Some of the care staff had received palliative and end of life care training. Many of the complimentary cards and letters the service had received were from the relatives of people who had passed away – the letters praised the provider for the professionalism of the care staff, their kindness and sensitivity.

## Is the service well-led?

### Our findings

The people we spoke with and visited in their own homes, plus the relatives we spoke with were all overwhelmingly positive about Bluebird Care (South Gloucestershire). Everyone said they would recommend the service to family and friends. People said, "The service is well run", "This is a good care company" and "Everything works very well indeed". Relatives were happy with the service provided to their family member and one described the staff as 'professional and amicable'. Those staff we spoke with said they were proud to work for the service and would recommend working for the service to friends and family. One staff member said the provider had high standards and high expectations of the staff team.

Since the last inspection there had been a strengthening of the management structure and the number of office staff. The registered manager had worked for Bluebird Care for four years, initially as a member of care staff, then a customer assessment supervisor, quality care manager and then registered as the manager in February 2018. The office structure consisted of the registered manager, a care coordinator, one field supervisor, the live-in care coordinator, an accounts assistant, customer assessment supervisor and a recruitment and development manager. The provider was actively involved in the service, based in the office each day and believed in promoting staff from within the team. This meant they maintained a good oversight of how things were going. The management structure was clear and individual 'office staff' understood their roles and responsibilities. Care staff said they were well supported by the management team who provided good leadership and guidance. It was evident there was good team work in place.

A staff guide app had been developed as an informative guide for care staff in their role and out in the field. It complemented the Bluebird Care training and was separated into sections which included: making care personal; customer health and well-being, health and safety at work and dealing with unexpected events. It guided staff to relevant information including instructional guides, diagrams and also linked to videos.

There was an on-call rota for staff who needed guidance when the office was closed, early mornings, evenings and weekends. This was shared between the office staff but contact with the registered manager and the provider was also always available.

There was a good rapport amongst the provider, the management and office staff and the care staff. The care team were encouraged to share their ideas and most recently had been asked to review the provider's mission statement. They had been given a shortlist of statements and had chosen "Make a difference every day". The provider explained the reasoning for doing this. Their participation in this added a sense of ownership in Bluebird Care and the service provided, giving them a standard to work to each day. One of the other statements was, "Provide care that's good enough for our own families", which is in line with the CQC mission statement, but felt not to be 'snappy' enough. By involving the staff team, people using the service benefitted from receiving a high standard of care and support.

The provider and one of the care staff organised summer barbeques, Christmas parties and skittles nights for example as a means of generating a good team spirit and promoting inclusion. The provider aimed to expand on this to include such things as team building to further help the care team to knit together. The

staff team were supported when they had issues with matters outside of their working time for example, child care issues, car break downs, finance and accommodation. The provider was able to make a 'company car' available for care staff to use on a temporary basis, as required. These are examples that demonstrate how the provider supports the staff team to provide an effective, caring, responsive and well-led service.

The provider had a clear framework of meetings to maintain the effective running of the service. There were three different staff meetings held each week. Each Tuesday morning the registered manager led a meeting with the office staff in which they discussed staff issues, new 'customers', staff rotas and observational supervisions planned for example. The registered manager and supervisors met each week and then there was a 'management meeting' every Friday afternoon. Care staff meetings were held on a quarterly basis but those staff we spoke to said they could visit the office at any time and were made to feel welcome. The provider had set up a group email and a closed group Facebook page, to communicate with all staff. The live in care staff used a WhatsApp group message to support each other. These were used to communicate updates and changes and also share any 'welfare news' about the staff team. Care staff all felt the communication between the office staff and themselves was effective. Each year the provider organised a January Summit where they reviewed how things had gone the previous year and looked at the year ahead. This included any lessons to be learnt from any events that had occurred during the year. An example of changes that had been made as a result of these summit meetings was a review and then implementation of a strong office team, as referred to earlier in this section. These changes had resulted in excellent outcomes for people – they received an outstanding service.

The service worked with others to improve care outcomes for people who received a service from Bluebird Care as well as others in the local community. The provider and registered manager was an excellent role model for other services. The service liked to support volunteer organisations by providing grants to the most deserving. One organisation they had supported was a volunteer group of retired engineers who would build things such as ramps for people who were wheelchair confined. Another organisation who had received a grant was a luncheon club run by an active 94 year old, where the premises needed urgent repairs.

When the provider and the recruitment and development manager had become Dementia Friends Champions they heard about fidget blankets. Some of these were made by the manager and proved to be a great hit with people living with dementia. The service was then inundated with requests so the assistance of a local sewing group was enlisted to make more. The provider and the manager told us about the impact these blankets had upon people living with dementia. They helped people to become calmer and happier and have something to occupy their hands.

The provider had arranged 'Bluebird Care Fairs' and about 20 relevant organisations had a stall at these events. These organisations would have provided services that help keep people safe, healthy and happy and was not only for the benefit of people using Bluebird Care services but also the general public. The last fair had been held in September 2017. Bluebird Care had also arranged other Community Engagement Events in September and November 2017 and April 2018.

The service is an excellent care ambassador for the care industry and writes monthly editorials for a local magazine. At the start of the winter season in 2017 the service had used their involvement with the magazine to promote their relationship with Avon Fire & Rescue and publicise the free home fire safety visits they offer. The recruitment and development manager was working with other establishments in Chipping Sodbury High Street and Yate shopping centre to be "Dementia Friendly", working in conjunction with the Alzheimer's Society and Dementia Action Alliance. Dementia Friends training was being offered by the

service to not only people involved with Bluebird Care but also the wider community.

During the recent very hot weather the provider had reported in the local press regarding their summer hydration campaign and the care staff had delivered symbolic water bottles and a message to each person they supported. In the press statement the provider had said 'the public' could contact Bluebird Care for advice or support over the summer months.

The provider and registered manager ensured they kept up to date with care sector innovation. The service was supported by the Bluebird Franchise Support Centre and their quality managers had completed two mock inspections with glowing results. Regional meetings were held with other franchise owners and this was an opportunity to share information, best practice and outcomes from CQC inspections. The provider and/or registered manager attended local domiciliary care provider's forums and networked with the local authority and other care providers.

The provider obtained feedback from people who used the service by sending out 'customer surveys' twice a year along with a stamped addressed envelope. The provider wanted to know what was going well and where improvements could be made. The most recent survey had been completed in July 2018. People were asked if they had been involved in planning their care, questions about the staff and their work performance and how satisfied they were with the service received. Based on 42 responses to the survey, the survey showed positive results but an action plan had been written stating what the service was going to do to make improvements.

The registered manager had completed leadership and management training with an external trainer plus further registered manager training through the Bluebird Care Franchise. This had included training in a programme of 'manager' audits to be completed to ensure the service continued to meet CQC requirements. Audits and analysis were completed in respect of any accidents and incidents, complaints or safeguarding alerts raised. These measures enabled the service to make any improvements and prevent reoccurrences of any events.

The provider had put together a very detailed file of evidence to show how the service met the key lines of enquiry (KLOE's) and the fundamental standards of the Health and Social Care Act 2008 (regulated Activities) 2014. This evidences the provider's and registered manager's total commitment to providing an outstanding service where people are provided with the best ever care service.

The provider had the full range of policies and procedures in place and these were regularly reviewed. Care assistants were able to access key policies via a QCS app on their mobile phones. The key policies we looked at were, management of medicines, safeguarding and complaints. When policies were amended, the care team were notified electronically and the registered manager was able to check these were read and understood.