

TM Care Limited

# Bluebird Care Reading and Wokingham

## Inspection report

Beacontree Plaza  
Gillette Way  
Reading  
Berkshire  
RG2 0BS

Tel: 01189863552  
Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

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## 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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 8 December 2016 and was announced. This was to ensure senior staff would be available to speak with us and assist with the inspection.

Bluebird Care Reading and Wokingham is part of a large national franchise brand Bluebird Care. The service's office is located on a business park in Reading and covers both the Reading and Wokingham areas. At the time of the inspection the service provided personal care to 29 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 told us they were happy and extremely satisfied with the service they received. One person told us, "I would recommend them to anyone." A relative told us, "They do a very good job." Other comments we received included, "I'm really satisfied with them." "They're never in a rush." "I get extra help if I need it." and "Exceptionally good."

People received safe care from staff who had been trained to protect people and identify signs of abuse. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing. Robust recruitment procedures helped to ensure only suitable staff were employed at the service.

Risks were assessed, managed and reviewed to help ensure people's safety. Staff were deployed appropriately and capacity of staffing hours was closely monitored. People were assisted with their medicines safely and told us they received them on time. The use of technology had reduced the risk of medicine errors and allowed instant updates to be made if people's medicines changed. People were visited by consistent staff members and found this reassuring. They received notification of who would be visiting them so they knew who to expect.

There was clear leadership provided to the staff team from the registered manager who was fully supported by the two directors. A positive, open culture had been developed which embraced the whole team. Staff spoke about the values of the service and how they focussed on putting people first and always trying to do the best for people. They told us they were provided with support and felt able to raise any concerns or issues with the management.

There was a strong focus on developing the service and continually looking for ways to improve. Feedback from people using the service and other stakeholders was carefully considered, analysed and used to drive improvements. Information gained from surveys was shared openly and honestly with people.

The provider valued their staff team and had endeavoured to take steps to retain and develop staff to their full potential. They believed this was the key to delivering high quality, consistent care. A number of measures had been employed to recognise the contribution staff made and this had been appreciated by staff who told us they felt valued and respected. One said, "This is a good company to work for."

Staff were well trained, they underwent a structured and well developed induction programme before working with people and providing care. Staff were mentored and nurtured through this process to instil the values of the service and develop their skills.

Links with the community had been developed and there was a strong focus on working in co-operation with other organisations. They took opportunities from these relationships to look for ways to enhance and better the lives of people using the service and assist the local community.

The provider had invested in and developed the use of technology to provide safe and effective care for people. They understood how technology could afford accurate monitoring of the service and allow the service to respond promptly to changing needs. Through the use of technology issues were identified quickly and enabled prompt action to be taken.

People benefitted from being cared for by staff who were consistently described as, "caring", "kind", "lovely" and "patient". We were told staff went over and above the call of duty and people said this made a difference to their lives. People also told us staff knew them very well and understood their needs. They all told us they were consulted about their care and staff always checked they were happy about things.

Everyone we spoke with told us staff ensured their dignity and privacy was promoted. Staff spoke about people with respect. Records also indicated people were referred to in a respectful and caring manner.

People's right to make decisions was respected. Consent was gained before care was provided and if people refused care this was respected.

People's needs were assessed and their support needs were discussed and planned with them. Their individualised care plans were detailed and provided comprehensive guidance for care staff to deliver care in the manner people wished.

People had information on how to make a complaint if they had an issue with the service provided. The provider used complaints to recognise deficits and make improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected against abuse by staff who were trained and understood their responsibilities.

Risks to people's well-being were assessed, managed and reviewed.

Staff were recruited safely via a robust procedure and deployed in sufficient numbers.

People received assistance with their medicines in a safe manner.

### Is the service effective?

Good 

The service was effective.

People's right to make decisions was protected. People were involved in their care and their consent was sought before care was provided.

People benefitted from being cared for by well trained staff. Staff were supported by the registered manager and provider through supervision meetings, appraisals and team meetings.

Where it was part of their care plan people were supported to eat and drink.

Staff sought advice with regard to people's health and well-being in a timely way.

### Is the service caring?

Outstanding 

The service was caring.

People were treated with kindness, compassion and respect and there was excellent focus on person centred care.

Staff went the extra mile for people they supported.

People consistently said their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

There was a commitment to community involvement and sharing of information.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good knowledge of the people they cared for and responded to their individual needs.

People's assessed needs were recorded in their care plan. Care was personalised and delivered in accordance to people's wishes. People's care needs were reviewed regularly.

There was a system to manage complaints and people had received information on raising concerns and complaints.

People were encouraged to give feedback on the service.

### Is the service well-led?

Outstanding ☆

The service was well-led.

There was an extremely open and positive culture encouraged in the service.

People and staff found the registered manager approachable, open and transparent. They were listened to and when necessary action was taken promptly.

Staff were valued and developed to their full potential. Innovative ways had been used to motivate and develop the leadership team.

People, relatives and staff were asked for their views on the service and had the opportunity to make suggestions for improvement.

The quality of the service was monitored robustly. The directors had a clear plan to develop and achieve positive outcomes for people using the service.

Strong community links had been forged and the service worked in co-operation with other organisations.

# Bluebird Care Reading and Wokingham

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 8 December 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted fifteen community professionals and commissioners for feedback. We received feedback from three commissioners and a training provider.

We reviewed the 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.

Following the inspection we contacted nine people and relatives. We spoke with eight members of staff including the registered manager, the two directors, a care manager, a care co-ordinator, and three care workers. We looked at records relating to the management of the service including five people's care plans and associated records, a selection of policies, five staff files including recruitment records, staff training records, the complaints log and the accident/incident records. We reviewed the quality monitoring systems and audits.

# Is the service safe?

## Our findings

People told us they felt safe. When asked if they felt safe one person said, "I do yes, most definitely. They pick things up if they're not right and sort things out. Last week they contacted the district nurse for me." Another said, "I'm very happy and I feel very safe." A relative commented they felt their relative was, "Absolutely safe, they use all the equipment properly, I'm very confident in them."

People were protected by staff who understood their responsibilities to keep people safe. Staff spoke about how they maintained people's safety by "using equipment correctly" and following the training they had received to "do things properly". Staff had received training in safeguarding vulnerable adults. They described signs they looked for which may indicate a person had been abused. For example, one staff member said, "I watch people's behaviour for any sudden changes which are out of character." Other examples given included, looking for physical signs such as bruising or someone looking fearful. Information to guide staff on safeguarding procedures was readily available for them to refer to. Staff were fully aware of the reporting procedures should they have any concerns and confirmed prompt action was taken if they reported anything to the registered manager.

Risk assessments were completed in relation to all aspects of the care provided and the home environment. This helped to ensure the safety of both the person receiving the service and the staff providing it. Risks such as those related to medicines, moving around the home and specific health conditions were also assessed. Detailed guidance was incorporated into people's care plans to enable staff to minimise and manage any identified risks.

Staff explained how they made observations during each visit to check for any changes to people's abilities or needs and said they informed the registered manager immediately. A new electronic monitoring system had been introduced which enabled staff to relay this information to the office immediately while they were with the person. This prompt sharing of information meant other staff visiting the person would also be aware of these changes, therefore reducing risks to their safety. Where changes had been reported care plans had been updated to reflect the most appropriate care.

There was a system for accidents and incidents to be reported and recorded. When necessary these were investigated and reviewed to identify trends. This meant action could be taken to reduce the risk of further incidences.

People's medicines were managed safely. Where they required assistance with medicines a clear risk assessment had been carried out and there was a plan in place to indicate how and when assistance was required. This plan also detailed the level of assistance required by a person, for example, some people needed only a prompt or reminder to take medicines while others needed full assistance. The use of the electronic monitoring system enabled medicine records to be updated as soon as any changes in a person's medicines were made known to the service. This meant when medicines such as antibiotics were needed they were started promptly. People told us they received their medicines when they required them.

All staff were trained in the safe management of medicines. During the inspection we observed staff in a training session and saw how they were given the opportunity to practice their skills in the training environment. Following training, their competency was checked by senior staff working with them in people's homes. If there were any concerns about a staff member they were referred to the registered manager for close monitoring and further training. All staff underwent annual refresher training in managing medicines and their practice was regularly monitored during spot checks.

The use of the electronic monitoring system meant daily records relating to medicines administration and visits could be monitored from the office as the visit took place (in 'real time'). We were shown a demonstration of how the system could identify if the staff had arrived on time, what tasks they had completed and what records they made. Care staff used an application on their mobile phone which allowed them to access care plans for the people they were scheduled to visit and make the necessary records. The system sent alerts to indicate any discrepancies in the visit to the office. This meant they could be followed up with the relevant staff member immediately. We were shown how all concerns had to be resolved before the system allowed the visit to be recorded as complete. Staff told us the system worked well and provided them with accurate details of the previous visits and any changes they needed to be aware of. The registered manager explained how using this system meant the risk of visits being missed and errors in medicines had been significantly reduced. It also helped to identify patterns and trends which could be addressed to improve things for people.

People were protected from the risk of being cared for by unsuitable staff. Recruitment processes were thorough. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record check was completed for each applicant. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. Other checks included establishing proof of identity and gaining a full employment history. All prospective staff were required to attend an interview. The registered manager explained they had recently changed the interview format to enable them to gain a fuller picture of a candidate's suitability for the role. Staff performance was monitored and when appropriate disciplinary action was taken.

There were sufficient numbers of staff to meet people's individual needs. People told us they were supported by consistent care staff and said this was important to them as they got to know them well. One person told us this made them feel, "safe and secure". Everybody said that the staff were punctual in arriving for visits and if they were late it was usually due to traffic problems. Whenever possible they were advised of the delay. People also told us that staff did not rush them and provided care in an unhurried way. One person added, "[Name] is never in a rush and stays extra time if I need it."

The registered manager confirmed new packages of care were only accepted if there were sufficient staff to cover them. They explained that recruitment was on-going in order to provide for this and to allow for flexibility and increased support for people when necessary. An on-call system provided support for people and staff outside of the normal office hours.

The provider had a detailed and comprehensive plan to manage emergencies. The contingency plan addressed emergencies such as, loss of key staff, adverse weather conditions and fuel shortage.



# Is the service effective?

## Our findings

People were supported effectively by staff who were well trained. Staff received a three month induction training programme when they began working for the service. This included three days classroom based, face to face training and was followed by further eLearning. Only once this had been completed were inductees allowed to begin shadowing experienced staff in supporting people. The whole induction period was carefully planned and structured to build knowledge and skills steadily using the care certificate framework. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. It allowed time for supervisory meetings, practice observations and gathering of feedback. At the end of this process a meeting was held to decide if the probationary period had been completed successfully or if additional time was required.

Training was provided for staff on a continuing basis whereby they refreshed their knowledge and skills in topics such as moving and handling, medicine management and safeguarding. Each training session was followed by a knowledge check for which a 100% pass mark had been set. If the pass mark was not attained the training had to be repeated and additional support in understanding the topic was provided. Practical competency in relation to the training was tested during spot checks to ensure staff retained their skills.

People benefitted from receiving care from staff who received training in topics related to their individual needs. For example, dementia and understanding challenging behaviour. The registered manager told us through discussion with the staff team they had identified areas in which staff were keen to expand their knowledge. This had been listened to and addressed by inviting speakers to staff meetings. For example, a speaker had attended a staff meeting to give insight into bowel cancer. Staff reported they had found this informative and interesting and therefore it was planned to have regular sessions such as this included in future staff meetings.

Staff were also provided with the opportunity to gain qualifications in health and social care and to take trainer qualifications to enable them to train and support other staff. For example, one staff member had taken a train the trainer course in safe management of medicines and delivered the training session observed during the inspection. The directors and the registered manager told us there was a continued emphasis on development of staff skills and encouragement to develop their career path with Bluebird care. They were fully committed to valuing the staff team and enhancing their development. Staff confirmed they appreciated these opportunities, one told us, "It's good to be pushed out of your comfort zone to develop. I am loving what I do now."

People said they were happy with the staff who visited them and found them to have a good level of skill. They all said they felt confident in the ability of staff to care for them and keep them safe. One person said, "They do their job properly and new staff shadow until they're ready." Another told us staff were "thorough in doing their job".

Staff were well supported through regular supervision meetings with their line manager. Records of these sessions were kept and actions identified were followed up and discussed again at subsequent meetings.

Senior and more experienced staff acted as mentors and staff told us there was always someone they could talk to or seek advice from. Annual appraisals were conducted for staff who had been employed for over a year and allowed opportunities for reflection on previous work and planning for future development.

Staff spoke positively about the support they received, one said, "The managers are approachable, it makes it so easy to ring and clarify things." Another said, "They are so with it in the office, if there's a problem they fix it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff understood the importance of asking for people's consent before providing any personal care. They had received training in the MCA and were able to tell us how it related to their work. For example, one staff member said, "I always check if the client is happy, we are respecting their rights and choice, if they don't want something at that moment I'll try again later, but it is their choice and they can refuse." Other staff also spoke about respecting people's wishes and said if they had concerns about decisions people were making they would report this to the office so professional advice could be sought.

People's care plans indicated they had the opportunity to discuss their care and support needs and had been able to make choices about how their needs were met. The care plans reflected this and demonstrated that consent had been sought either from the person themselves or from a person legally appointed to make decisions on their behalf.

People's needs with regard to food preparation, eating and drinking were assessed when this was part of the required care. People's preferences with regard to food and drink were recorded. When appropriate the registered manager worked with health professionals to ensure people's nutrition was maintained adequately. Staff had received training in safe food handling practices and told us they were provided with useful information and hand-outs to assist them in identifying any issues relating to such things as dehydration.

Most people managed their own medical appointments or were assisted by a relative. However, the registered manager told us there were occasions when they would assist people with appointments. Visit times were altered when necessary to accommodate a hospital or doctor's appointment. In addition, staff sought medical attention for people when they needed it. For example, they contacted healthcare professionals if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. People confirmed staff would offer to call a doctor or nurse if they had concerns about their health. One person said, "They were worried about me last week and asked if I wanted the district nurse, when I said yes they called for me." Another spoke about wanting to see an occupational therapist and said, "They got that organised."

## Is the service caring?

### Our findings

Care plans provided extremely detailed instructions and specific information about how people wished to be treated. For example, one person wanted to be taken back to their room after personal care to say "Hi" to their husband. We were told that although this may seem a small detail it was extremely important to the individual and must be respected as it had a significant impact on their well-being. Other examples included suggestions for songs which a person liked and instructed staff to try singing as it helped the person if they were finding things difficult. Singing helped them relax and overcome the difficulties enabling them to complete tasks. This type of detail was noted in all the care plans we reviewed and demonstrated a commitment to provide individualised care which respected people's varying needs and abilities. People were involved in planning their support and they were given the opportunity to discuss their care plans.

Everyone we spoke with said they were visited by a consistent team of care staff. A relative told us their family member had a large package of care which inevitably meant they had a number of different care staff visit them. However, they told us they had worked closely with the office staff to establish a small team who worked well together. This team now knew the person and their needs well and the relative said they were "Very happy with the way things are." One person spoke about the "Exceptional care" they received from their regular care worker and said, "It's nice to have one carer, she's got to know me well and I know her."

Comments regarding the care provided were consistently positive. Examples included, "The 24 hour care provided has enabled me to enjoy life much more." "The carers are extremely kind and helpful." "The carers are excellent, friendly and very personable." "Excellent service. Prompt, helpful and polite." and "Bluebird Care are very caring and provide a good service."

The registered manager and the directors worked with the staff team to create ideas to promote a strong emphasis on caring. For example, they told us they had paid staff to carry out free social care visits for people on Valentine's Day to provide companionship. This demonstrated an awareness of the potential for social isolation and encouraged the team to recognise the effects it can have on people.

Staff also spoke about the importance of getting to know people well. They felt working as part of a team of regular care workers for the people they supported was essential. They said it meant they became familiar with people's needs and the way they liked things done. One said, "It's important to get to know people." They went on to explain this helped them do things exactly how the person liked. Another staff member told us knowing people was "very important" and allowed them to, "Notice subtle changes in behaviour." They explained this may be a sign something was wrong and may be missed if they did not know the person well. When a new care worker was introduced to a person they completed shadow visits. These helped staff get to know people's preferences and the way they liked to have things done. One relative told us shadow visits continue until the care staff are, "Fully prepared to work with [name]."

Staff showed a clear desire to do the best for each person they supported. This was reflected in the comments people and their relatives made about the staff team. Some examples included, "They are happy to do whatever for me." "They are exceptional." "The carers are absolutely wonderful." and "They are very

kind, I'm really very satisfied with them." Compliments sent to the service also demonstrated this. For example, "I would like to say how pleased I was to have [name] as [family member's] carer, I couldn't have had a better person who has done such a lot for [family member] and taken all the worry away from me."

People were shown respect and told us staff protected their privacy and dignity. Staff described examples of how they respected people, for example, one said "I always ask relatives to leave the room when I help with personal care unless the person requests they stay. Sometimes relatives forget people need privacy." Staff gave other examples including closing doors and curtains and covering people appropriately when they are undressed.

People said they were encouraged to do things for themselves whenever possible but they could ask the care staff to assist them if they could not manage. For example, one person's care plan stated they could wash their face independently if given a face cloth but noted there were times they required assistance due to their condition.

The provider had forged links with voluntary organisations for older people and people living with dementia. Through this they were able to provide people and their relatives with useful information on advocacy services, local day centres and luncheon clubs. A newsletter was produced quarterly and included information on these groups so people had relevant contact details. In addition, these organisations benefitted from the support of Bluebird care through a variety of fundraising and information sharing events organised and held by the provider and staff. Staff told us this was part of showing they care and helped to inform the local community about issues such as dementia. In addition to staff involvement in these events, people who use the service could also become involved if they wished. One person told us they baked cakes for a fund raising coffee morning helping them to feel involved.

People's confidentiality was respected; staff understood the provider's policies and knew who they could share information with. Records kept at the provider's offices were kept securely.

## Is the service responsive?

### Our findings

People and their relatives told us they had a care plan in their home, one person said, "Oh yes I have a care plan and now the carers have it all on their phone as well." People's needs were thoroughly assessed before they began using the service. This ensured the service was able to accommodate and meet the person's needs. We were told if there were insufficient staffing capacity or staff did not have appropriate skills the care package would not be accepted.

The assessments provided information on people's preferences, their cultural and religious needs, their social interests and their personal history. The registered manager told us that assessments determined the level of support a person needed. During the assessment process they also tried to establish any outcomes the person hoped to achieve from using the service. Once an assessment was completed this fed into the individualised care plan that focussed on how that person wanted to receive care and support. Gathering the detail in this way meant the management team could plan the appropriate visits and match care staff to the person.

People benefitted from their care plans being reviewed regularly. Routine reviews of care plans were carried out six monthly and people were given the opportunity to discuss their care and support needs. When appropriate, relatives were also involved in reviews. Staff reported any changes in a person's abilities or well-being. Using the electronic monitoring system the care plans could be reviewed immediately and updated with the most current information. This ensured care staff were able to provide the most appropriate care at all times. Records demonstrated that care plans had been updated to reflect changes. For example one person had been prescribed new medicines. These had been detailed in the care plan and directions provided for staff with regard to their administration.

People were provided with personalised care which was responsive to their needs. There was clear and detailed guidance for care staff in relation to supporting people. One person's care plan stated, "Please ask me if I feel dry. Sometimes I like talc and cream, ask me." In another care plan we noted specific detail in how to safely move and position a person. Each type of manoeuvre that may be necessary was described and particular instructions given as to what the person would do themselves and what checks the care staff were required to make.

People told us the service was responsive. We noted the service had acted swiftly and flexibly to provide additional care for a person when their family carer had to be admitted urgently to hospital. The effort and adaptability demonstrated had been recognised by way of a compliment sent to the service. "The efforts you put in were well beyond the call of duty... I don't know how you did it."

People were asked for feedback on the service. The provider used a number of methods to gather people's opinions of the service, including questionnaire surveys, review meetings and telephone monitoring. People told us they were asked regularly if they were satisfied with the service and said they responded to quality questionnaires usually once a year. A relative told us they gave regular feedback and felt they were listened to. They said, "The people in the office are on our side and always try hard to put things right." They added,

"Things have radically improved since we started using them." One person who used the service also told us that their feedback had been taken on board and when they asked for a care worker to be changed this had happened. This demonstrated how the service wanted to improve and took feedback seriously.

The registered manager told us a survey was underway during the time of the inspection and responses were still being submitted. We were therefore unable to see the most recent results, however, we reviewed the previous survey and found that 100% of respondents had said they were happy with the service. The comments had been analysed and an action plan drawn up to address suggestions made. For example, people said they would like to be informed if a visit was going to be late or a care worker was changed. Staff told us this had been addressed and people we spoke with confirmed this.

The provider had a compliments, concerns and complaints policy which was made available to people and their relatives when they began using the service. The policy detailed exactly what the complainant can expect from the service in response to a complaint and guidance on how to take things further if they were not satisfied. Complaints were taken seriously, investigated and responded to in line with the policy. Four complaints had been received by the service in the last year. These had been investigated and dealt with appropriately and when possible satisfaction with the outcome had been checked with complainants.

We noted 14 compliments had been received in the same time period and indicated people's satisfaction clearly. For example, "Thank you to those front line carers who provided first class care for a very long time." "Exceptional reliability and kindness." "I am grateful to [name] for her assistance on Monday when I tripped and fell. She saw me through a rather frightening time for someone my age."

## Is the service well-led?

### Our findings

We found the registered manager and the directors had developed an open and positive culture in the service. This encouraged communication, transparency, and positive working by the staff team. People consistently commented on how they felt the service was well led. For example, one person said, "The boss is dedicated and very thorough in her job. She respects her staff and encourages them." Another told us, "It's very well led. They are all so approachable." Staff also spoke positively about the leadership provided to them by the registered manager and the directors. One told us, "The directors and the manager give excellent support, communication is good, and staff are listened to. It's a good team from carers through to management." Another said, "Management are fully supportive, approachable and there for you all the time."

Feedback about the quality of the service was seen as very important. People's opinions were valued. From speaking with people and their relatives following the inspection we found they all felt listened to. People told us they had been offered support and when necessary action had been taken to improve things or make the changes they had requested. As well as formal methods of seeking people's feedback all communications were recorded so that any suggestions, requests or concerns could be considered and lessons learnt when appropriate. A software system was used to record these communications. This was reviewed daily at a morning operational meeting and acted on when necessary. It meant that any issues raised were dealt with promptly and achieved a positive result for people using the service. This system also allowed messages to be sent directly to individual staff members, a small number of staff or to the whole staff team. It was used effectively to task staff with particular actions or remind them of events.

Staff opinion was also valued and the directors showed us how they had used the results of a staff survey to identify the three top things that would make a difference and could be done better in 2016. The items identified were, to provide more face to face training, increase pay and shorten the gaps between care visits. They had managed to achieve all three and when we spoke with staff they confirmed this and praised the management team for working hard to ensure the improvements had been made.

We found there was regular and meaningful communication between the directors, managers and care staff. Staff meetings were held and had recently been divided into 'round meetings'. The registered manager explained this had been introduced for several reasons. Firstly, to provide a time to meet with the other workers who worked in the same area as themselves. They were able to then share ideas and information regarding the people they supported. Secondly, having a smaller number of staff at the meetings meant those who found speaking up in front of larger groups difficult had more of a voice. The registered manager said, "It encourages those who are a little shier to speak up as they often feel more confident in the smaller group." This indicated the service wanted to be inclusive toward all staff and were mindful of how they could achieve that. In addition to these meetings memos were prepared and sent from the directors and newsletters were published for both people who use the service and staff.

There was a strong emphasis on valuing and recognising achievements. The service participated in an awards competition. This involved staff being nominated for awards such as 'newcomer of the year',



'Number 1 office member' and 'spirit of Bluebird'. This latter award was awarded to someone who had shown commitment to the values of service. Nominations for the awards were being assessed during the inspection and it was planned to announce the winners at the staff Christmas lunch. Additionally, a number of the care staff had been nominated in The Great British Care Awards. Although they had not won their categories their nominations were still celebrated in the quarterly newsletter. The directors felt strongly that recognising this type of achievement motivated staff and valued the contribution they made to the care profession.

Similarly, within the branch they had a 'carer of the month' scheme. We asked how they decided who won each month and were told this was assessed objectively against set criteria. Nominations were accepted from fellow colleagues and people who used the service made nominations based on their experience of care staff. Other measures including meeting performance criteria and going the extra mile for someone to have a positive impact on their lives were all taken into consideration. As a reward for achieving the title of carer of the month a £50 bonus was paid to the staff member and they had the use of the company car for the next month. Staff we spoke with were very positive about the scheme and said it made them feel valued and respected. As well as the financial reward for the winner a £1 donation was made to charity each time a nomination was received.

In a further effort to ensure staff felt valued the directors had provided comfortable facilities for staff visiting the office for supervision meetings or simply meeting with colleagues for coffee. They had wanted this to be a space owned by staff and had asked for ideas on making it a room to feel relaxed and comfortable in. Staff had been given £250 to decorate and buy furniture for this room. This had been fully embraced and together the whole team had painted and decorated the room making it a pleasant space to meet and spend time.

The management team were committed to recruiting and retaining good staff. In order to achieve this they had invested time and effort into researching influences on staff to join and remain loyal to a service. They had considered and made alterations to the recruitment process making it more focussed on selecting the right person. Additionally, they had introduced a number of measures to retain staff. These included guaranteed hours of work, financial rewards for introducing staff and additional training in areas not always seen as standard in the care sector. Staff we spoke with recognised these benefits, one said, "This company is a good company to work for." Another told us "They do exit interviews when staff leave so they know if it's something they need to think about." The registered manager told us retention had improved and this provided more consistency for people using the service.

There was also a determination to develop clear career paths for staff. To facilitate this, a new initiative had been introduced. It was designed to develop staff who wanted to progress but had so far been unsuccessful in gaining internal promotion. This was known as the 'Customer and Carer Champion Training'. The registered manager and the directors were keen to recognise and develop skills in their known and trusted staff and saw this programme as a way to achieve this. A relative told us of a recent promotion which they believed showed the value of this type of development. They said, "[Name] has just moved into a co-ordinator role. She knows the areas and people so well as she's been doing the job. She'll be very good at this and it's such a pivotal role it will make it better for everyone."

The directors had developed an inventive way of providing clear and detailed instruction on how to complete important procedures such as a care file audit and carrying out a supervision meeting. They had produced step by step, easy to read instructions which were supported by a video tutorial for these processes. They told us this was to ensure the best results were achieved and to provide standardisation in completing some of the key tasks. The aim was to eventually have all processes covered in this way, creating an operational manual which meant staff would be able to function even when a senior member of staff was



unavailable to guide them.

The directors and the registered manager spoke passionately about "wanting to make a difference to people". There was a strong emphasis on wanting to continually look for ways to improve the service. The quality of the service was monitored using robust audits which identified shortfalls. We saw where a shortfall had been identified an action plan was implemented to address it. The whole of the management team were involved in monitoring the service. Some examples of the checks and audits completed included, spot checks of care practice, telephone calls to people who use the service to enquire about their satisfaction and monitoring of records. A full branch audit was also completed annually by an independent auditor engaged by the Bluebird brand. In the most recent audit conducted in September 2016 the branch had scored 88.5%. This audit had considered the key lines of enquiry used by the Care Quality Commission when carrying out an inspection. We saw where the audit had identified an action was required this had been completed or was underway. For example, the provider's statement of purpose had needed updating. This had been completed in November 2016. The quality assurance process was underpinned by the 'Domiciliary Care Dashboard' which measured performance in 'real time'. Some of the areas monitored in this way were continuity of care, staff capacity, spot checks and care reviews. The information from the Dashboard was used to inform weekly management meetings and the realistic planning of the service.

The provider had set clear, person centred values for the service which focussed on providing an excellent service for people, placing them at the heart of everything. One of their values stated, "We will not compromise quality and will continue to improve our standards." Others referred to respecting people, being reliable, caring and honest. Staff demonstrated their understanding of these values in the way they spoke about the people they supported. One told us, "I love the values of Bluebird they are outstanding and we all work to keep them. It's all about the customer, and that's from my heart." Another said, "It's all about respecting rights and choices. We keep checking they are happy, comfortable and safe." People confirmed these values were carried out in practice, one commented, "They respect you yes, and leave you your dignity. I never feel embarrassed; they do everything so extremely well."

Strong community links had been established and this was part of the way the directors wanted the service to run. They were clear that being part of the local community was essential and showed this commitment in a number of ways. They had forged links with a number of organisations and took part in events in the local area. Some examples of this were, a coffee morning organised to raise awareness of dementia. Over 30 local businesses were invited to take part and learn more about the disease and find out about support groups such as the Alzheimer's Society. In another initiative, funds were raised by holding a coffee morning, this not only involved staff but people who used the service also participated in baking cakes for the event. Photographs were taken and included in the newsletter as well as displayed in the staff room to celebrate this event. Other examples of this important commitment included sponsored walks, marathons and bike rides all to raise money and awareness of local charities.

In another initiative to work in partnership with other organisations the directors had met with the local branch of Age Concern UK. They had found out what services were offered that may be helpful for the people receiving a service from Bluebird Care. Information relating to their sign-posting service for people who may be lonely or who may need advice on a number of care related matters was passed on through a newsletter and via the care staff visiting people. The directors hoped to develop the relationship with Age Concern further in the future and work with them to further improve the service.

Planning and development of the service was seen as fundamental and was taken very seriously. An annual plan was formulated at the beginning of each year and provided clear goals which the directors wanted to achieve over the twelve month period. We reviewed the plan for 2016 and saw there were clear targets set in

six main areas. Where new systems were planned to be introduced they had taken time to ensure people, their relatives and staff were all aware of changes and how these systems would affect them. For example, training had been provided for staff in using the electronic monitoring system and people and their relatives had received information and guidance on the benefits and use of this system. In addition to the overall goals we saw that managers and office staff had individual goals to achieve. Weekly meetings were held to discuss progress and action plans were reviewed from the previous meetings. This enabled the directors and registered manager to identify areas of shortfall and address them swiftly. Innovative ways to motivate and support the development of the management and office teams had been used. These included ideas such as reading and discussing a chapter of a management text book during the weekly meetings and introducing management tools, for example, 'Above/Below the Line (Six steps to a winning team)'. The above evidence demonstrated the service was extremely well-led.