

TM Care Limited

# Bluebird Care (Reading, Wokingham, Windsor, Maidenhead, Bracknell)

## Inspection report

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Date of inspection visit:  
10 December 2018

Date of publication:  
22 February 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 10 December 2018 and was announced. The provider was given 48 hours' notice prior to the inspection. This was to ensure senior staff would be available to speak with us and assist with the inspection.

Bluebird Care (Reading, Wokingham, Windsor, Maidenhead and Bracknell) provide personal care and support to people in their own homes. At the time of inspection, 70 people were using the service who had a variety of needs such as; people with a physical disability, dementia, and frailty. Some people were receiving live-in care services from the provider.

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

People and their needs were placed at the heart of the service at Bluebird Care. The management of the service were dedicated in creating, nurturing and championing a culture within the service that was professional, compassionate and innovative. The registered manager and provider were prominent role models. They took a leading role in demonstrating the values and standards they expected staff to embody by focussing on continuous improvement leading to positive outcomes for people.

The service was committed to promoting staff wellbeing and recognition. The service provided a range of employee benefits and support and had introduced a new recruitment process to ensure appropriate and good quality staff were recruited and retained.

The service had a strong sense of social responsibility and played an active role in the community. The service had won numerous awards for the quality of care and 'customer' service. The service worked closely with other agencies to support people's wellbeing.

The provider found innovative ways to support people who received care in their homes from the risk of social isolation and enrich people's lives through supporting them to connect with others, the community and engage in activities away from their homes. The service worked closely with healthcare professionals and provided outstanding end of life care

The service used technology to improve the quality of care it provided. The service had an electronic monitoring system which staff accessed using their work mobile phones. This helped to ensure that people's care plans contained the most current information and people received the right care at the right time. This meant that key information could be communicated and updated swiftly to respond to people's changing needs.

The service was responsive and involved people in developing their care plans, which were detailed and personalised to ensure their individual preferences were known. People's care plans had information about people's care needs, their wishes regarding independence and any risks identified and how to minimise these.

There was guidance in place to protect people from the risks of harm and abuse. Staffing levels were sufficient to support people safely and where there were any short falls these were covered internally. The provider had an effective recruitment process to make sure the staff they employed were suitable to work in a care setting.

Risks to people were assessed and action was taken to minimise any avoidable harm. Medicines were managed safely and administered as prescribed and staff had regular competency checks.

Staff ensured people were protected from the risk of acquiring an infection during the provision of their personal care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People's needs had been assessed and they had a care plan to meet their identified needs. Staff were trained to support people with an array of health care needs, in line with recognised best practice. People were supported by staff who had the required skills and training to meet their needs. Where required, staff completed additional training to meet individual's needs. People were supported to eat and drink sufficient for their needs.

Staff worked both within the service and across organisations to ensure people received effective care. People were supported by staff to ensure their healthcare needs were met and healthcare professionals' guidance was followed.

People reported they were treated in a kind and caring manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

## 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 from harm and staff received training to be able to identify and report abuse.

Medicines were managed safely.

There were sufficient staff to meet peoples' needs. Staff preemployment checks had been completed.

The provider had assessed and effectively managed risks to people's safety and wellbeing.

### Is the service effective?

Good ●

The service was effective.

People received comprehensive assessments and care plans were created from these to ensure care was individualised and person centred.

Staff received comprehensive training and ongoing support in their role.

People had access to healthcare services as required and staff worked in partnership with other services to help ensure people received effective care.

People were supported to eat and drink sufficiently and staff respected people's legal rights and freedoms.

### Is the service caring?

Good ●

The service was caring.

Staff understood people's needs, build trusting relationships with people and were caring and attentive.

People were involved in making decisions about their care.

Staff treated people with dignity and respect and promoted their

independence.

### Is the service responsive?

Outstanding 

The service was responsive.

People and told us they received person-centred and flexible care from staff that understood and supported their needs and empowered them to maintain their independence.

The service provided a highly flexible service which adapted quickly to changes in people's needs. The service had systems in place which monitored the quality of care in real time and enabled changes to be made immediately.

People's complaints and concerns were investigated and dealt with thoroughly and in line with the providers policy.

People were supported with compassion and dignity at the end of their lives.

### Is the service well-led?

Outstanding 

The service had outstanding leadership and was extremely well led.

The management of the service embodied a professional and caring ethos and inspired staff to embed their values into their working practice.

The service held a strong sense of social responsibility and championed initiatives in the local community which raised awareness and created resources for people using the service.

The registered manager was committed to making continuous improvements to the service and had clear management system in place to ensure the quality and safety of the service was maintained and built upon.

# Bluebird Care (Reading, Wokingham, Windsor, Maidenhead, Bracknell)

## **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 10 December 2018. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

We spoke with eight people and seven relatives. We spoke with six care staff, the registered manager, the provider, two deputy managers and the operations manager. We reviewed five people's care records, which included their care plans and risk assessments. We looked at eight staff recruitment files, supervision logs and training plans.

We examined the provider's records, which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged. We also looked at the provider's policies, procedures and

other records relating to the management of the service, such as staff rotas, health and safety audits, medicine management audits, and minutes of staff meetings. We considered how people, relatives and staff members comments were used to drive improvements in the service.

This was the first inspection of this service.

# Is the service safe?

## Our findings

People, relatives and staff told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep people safe. One person told us, "We have a regular team and I never have someone that I haven't met before." One person told us, "They [staff] make sure I take my tablets ok." One relative told us, "[Loved one] had things go missing with a previous agency and I was very worried but these [Bluebird Care] are fine, we do trust them which makes us feel comfortable and that [Loved one] is safe." One staff member told us, "If I suspected anything [abuse] I would report immediately to the office."

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were knowledgeable of the types of abuse, what to look out for and how to report concerns if they had any. The staff we spoke with had not seen anything which caused them concern, but they were confident any concerns would be handled effectively and promptly by the registered manager. Staff had regular refresher training for safeguarding to keep them up to date with any changes in legislation. Staff were aware of the whistleblowing policy, the importance of raising any concerns about people's safety, and the legal protections in place for whistle blowers.

We looked at records where concerns regarding safeguarding were logged. The provider had taken appropriate action and reported concerns to the local authority safeguarding teams, in line with their policy.

The provider had an electronic system that monitored when calls were made. There were specific instructions for staff with regards to what tasks needed to be carried out at that call, for example; personal care to be carried out and breakfast to be made. The system alerted the provider if the staff member had not attended a care call, this minimised the risk of missed calls.

There was an 'On Call' service which was available for people and staff to call in emergencies outside of office hours. Senior staff took responsibility for 'on call' duty and the registered manager was available for additional support in the event of an emergency. Staff on call were skilled, pro-active and committed in ensuring people were safe.

Risks to people had been assessed, in relation to areas such as: falls, pressure areas, moving and handling and the environment. Details of how to minimise these risks were recorded in people's care plans, for example; one person had risk assessments for mobilising around their house. Guidance for staff for the correct procedure for mobilising was in place to ensure that the person could be supported safely around the home. Care plans and risk assessments were documented on an electronic care planning system, which staff could access at work via their work mobile phone. This ensured they always had this specific guidance available to refer to.

The provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.



There were enough staff to safely meet people's needs. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. There were enough staff to safely meet people's needs. There was no use of agency staff, if required staff worked extra hours or shifts to cover any sickness or holidays.

There were systems in place to monitor the safe administration of people's medicines. The provider had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. Once agreed, details of people's medicines including, name, dosage, time of administration and person's preferred administration routines were recorded onto the service's electronic care planning system, accessible to staff via their work mobile phone. This enabled staff to have comprehensive details about people's medicines needs upon every visit. This helped to minimise the risk of medicine errors as an alert would be sent to the provider if someone had missed their medication. We noted there were no unaccounted-for gaps in people's medicine administration records.

Staff had completed infection control training, in accordance with the provider's policy. Staff were aware of their responsibilities with regards to infection control. Staff had access to appropriate personal protective equipment (PPE). This included gloves, aprons, and hand gel. Staff advised PPE was provided by the provider and easily accessible from the office when more was required.

The provider had arrangements in place to learn and make improvements if things went wrong. Staff reported and recorded incidents and accidents so that they could be analysed for any trends or patterns. Where there were lessons to learn, the provider used staff meetings and supervisions to communicate them across the team. We noted that following incidents staff had attended training to prevent incidents reoccurring.

## Is the service effective?

### Our findings

People told us that they received care and support that met their needs and that choices were given to them about the care they received. When we asked people and relatives if they felt the service was effective, one person told us, "They [staff] are great at making a meal a social occasion and that encourages me to eat, quite a skill." One person told us, "I was sick over breakfast and they called my son and then an ambulance." One relative told us, "They used to help me take [Loved one] to see the Dr and it helped as they could remember what was said, that took the strain off me."

Assessments were carried out prior to people receiving care. People's needs were identified with their input and a person-centred care plan created. Reviews of care plans were carried out regularly. People's care plans included information on any healthcare concerns, nutrition and hydration requirements and risk assessments, for example; regarding manual handling. The number of staff required for supporting to move or with personal care was included in people's care plans.

New staff completed a comprehensive induction programme. The training consisted of face to face training, shadowing staff delivering care, e-learning training and competency checks, before directly working with people. The training was mapped to the Care Certificate standards. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff's competence was assessed regularly and discussed in regular supervisions.

There was a comprehensive training programme for all staff and the provider kept an electronic schedule to keep track of when training was last undertaken and when refresher training was next due. This ensured that people were supported by staff who were competent and therefore able to provide safe and effective care. The provider had introduced 'in-house' training on personal care, there was some external training delivered for specialist areas such as motor neurone disease, Parkinson's disease, stoma care, a stoma is an opening in the abdomen used to divert the flow of waste out of the body, and percutaneous endoscopic gastrostomy (PEG) feed. A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. This ensured that staff had specific skills for the needs of the people they cared for. The provider had also arranged training on medication disposal and safeguarding training was arranged before a refresher was due following the service having some safeguarding alerts, this was to reinforce current learning for staff.

Some people required support with preparing meals or eating and drinking. Staff were trained in food health and hygiene and promoted a balanced diet and encouraged people to drink fluids. People who required it, had a food and fluid chart to monitor their intake. If staff had concerns regarding a person's diet or hydration needs this was discussed with management who then liaised with the GP, dietician and/or relatives. The provider had produced an information leaflet on how to keep well hydrated in the hot summer months, this was both for people who use the service and staff to support people and themselves.

The service involved and worked closely with a range of external health and social care professionals, such as: Occupational therapists, pharmacists, community nurses, social workers and GPs. Staff ensured people's

health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. People benefited from staff having good working relationships with external agencies to co-ordinate their care. Staff would support people to attend healthcare appointments if this was needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to agree to care services. The registered manager ensured that people had read and understood their care plans in order to consent to their care, but where necessary, the service consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA staff were knowledgeable about the need to obtain consent before delivering care and had attended training in MCA.

## Is the service caring?

### Our findings

People, relatives and staff were very positive about the quality of care delivered and told us that staff provided care and support that was compassionate and kind. One person told us, "They [Care staff] have always been prepared to help with anything that I ask them and although it's my contract they treat my wife very well too." One person told us, "There is a gentleness and a sweetness in the girl that has been coming recently." One relative told us, "Our carers are polite, friendly, thoughtful and efficient. They have taken trouble to get to know us. They brought [Loved one] a Valentines rose, [Loved one] was so touched, thrilled and I haven't been allowed to throw it away! There was a mug with sweets left last Christmas." One staff member told us, "You can tell by the smile on the customer's face that they are pleased to see you and that you become an important part of their day."

The registered manager told us they had a staff team they found to be caring and compassionate. They told us, "The team is great, they really care and help each other out to ensure the people we work with get the best care possible and no one has missed visits if there is staff sickness." Staff told us that they got to know everyone well and staff were matched to people. This meant that staff had long term relationships with the people and families they worked with and knew them and their needs well. One staff member told us, "Together with the people we support we are a small group, it becomes like we are part of their family." One staff member told us, "We all want what's best for the people we work with."

People had consistency of staff where possible so they could build a professional relationship and trust with them. The provider also 'matched' a person with a staff member who they felt had the correct skillset, as well as personality to provide the best care possible, people were part of the 'matching' process, especially when it was for live in care. Where there was a change in staff, there was a period of time when the new staff member went out with the current staff member to make the transition less disruptive. People fed back and we read in feedback forms that communication could be better with regards to people or relatives being informed of late calls. The registered manager was aware of this and was in the process of putting measures in place to improve this.

One staff member told us about a person who had not left the house for three years due to poor health. This person had a family bereavement and the staff member who had built a close and trusting relationship with the person emotionally supported them to leave the house and attend the funeral. This was a huge achievement and meant that the person was able to say their goodbyes to their [Loved one]. One staff member provided a book for a person they cared for of the Royal wedding, as they knew the person loved the royal family. This demonstrated kindness and compassion.

People and relatives told us they were involved in their care planning, and had their independence and wishes respected in the process. There was evidence of this in people's care records. Where staff noticed people's needs or preferences had changed, this was fed back to the management team, who made the necessary changes in the care plan. One staff member told us, "If someone's care needs change before their review is due, we bring it forward and make those changes as soon as we can."

People, relatives and staff told us that people were treated with dignity and respect. People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights. One example was of the provider ensuring they recruited a staff member that spoke the same language of a person who used the service. Staff and people confirmed that people's independence was respected and encouraged. One person told us, "They shut the curtains and doors when washing me." One staff member told us, "I would always check they [People] were ok with things I'm doing and I keep them covered if I was doing personal care." One staff member told us, "I always make sure to warm the towels and make the environment warm when I am helping someone with personal care."

## Is the service responsive?

### Our findings

People and relatives told us consistently that the service was extremely responsive to people's individual needs and had made a significant contribution to people's wellbeing. Staff told us each person was treated as an individual to meet their specific needs. One person told us, "I recently had a problem with [body part named] that they [staff] noticed as I can't feel that part of my body. They [staff] took a photograph on my camera which I sent to the Dr and I was sent the medicines that I needed by the end of the day. It would have been much worse if they hadn't recognised it as a problem." One person told us, "Keeping as much independence as I could was built into the plan as I want them to keep me going."

The service played a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. For example, the provider found innovative ways to support people who received care in their homes from the risk of social isolation. Following people saying they found it hard to find things to do in their area, the provider contributed to funding and setting up a project called 'ConnectedCare'. ConnectedCare is a project to help prevent social isolation, bring the community together and enrich people's lives through connecting with others and having fun. The project organises and runs regular 'friend's cafes' in and around Berkshire. They offer this from more than one location so people and their loved ones can access it easily. The cafes offer free refreshments, entertainment, activities and music.

The ConnectedCare project has regular days where they invite local charities, organisations and clubs to come along and have a stand where people can get information about what is available to them. Some include the Alzheimer's Society, Age Concern, a will writing service, legal advice services and local farm shops. This is so people and their families could get advice or information from the stalls.

The provider provided a one-hour free call to people as a valentine's gift. People could use this as they wished. Many took this opportunity to socialise and meet friends. Staff went out and spent time with people talking, playing games, or to go out. This was to combat loneliness. A number of people fed back on how lovely this was and realised following this that they would like to go out more or socialise more, therefore enriching people's lives.

Special dates and events were celebrated and the provider found ways to do this when it was not possible to arrange this in people's homes. This included hiring local rooms to enable them to be able to make the people who use the service feel special and to go the extra mile. Celebrations such as Christmas parties were arranged and entertainment and food was provided. Valentine's day was celebrated with people receiving a rose. Celebrations were arranged for special birthdays. For example, one person who had a learning disability had been saying they wanted a party. The provider arranged for the person's social worker and key carers, as well as care and office staff, to celebrate with them. This made the person feel special and valued.

Through links with a local college the provider was able to match a student with a person with a learning disability. The student was looking to make a table for a person with a learning disability. The result of this was mutually beneficial for the student and for the person.

People were offered support to access a variety of activities in the community should they wish to. These included attending workshops, shopping, going for coffee, attending social events and support to go to health appointments.

People's care plans clearly identified how they would like to receive their care. Before starting a care package a comprehensive assessment was carried out. The service worked with people and their families to plan their care, to ensure it fully reflected the person's health needs and preferences. The service then stored the care plans on their electronic care planning and monitoring system. This meant that people's care plans were instantly available to staff to review from assessment and following any changes in a person's care. This meant staff were continuously and instantly updated.

Information in people's care plans was presented in a very person centred and flexible way, which captured the person's life history. People told us they had been involved in making their care plans and were consulted about any changes on a regular basis. This enabled staff to provide highly responsive, adaptable support to meet the person's needs. One relative told us, "The first care plan was done with this branch and then [Loved one] had to go and stay in another part of the country so we engaged the same agency and they all liaised no problems and we were very impressed. [Loved one's] needs changed whilst away and the advice was to increase the care which has been done. They have put more people [care] in place and when [loved one] comes back it should all go smoothly again. It was all very joined up."

The service monitored care in 'real time', which enabled them to quickly make changes in response to concerns or issues. The service's electronic care planning and monitoring system enabled the service to monitor and respond quickly to concerns, such as missed medicines, changes in behaviour or falls. Staff used their work mobile phones to record care notes and updates during their care visits. This ensured that people's care plans contained the most current information and people received the right care at the right time. This meant that key information could be communicated and updated swiftly to respond to people's changing needs.

The service had made adjustments to support those living with a sensory impairment. The registered manager told us that they had printed rotas in large font for a person who was partially sighted. They told us, "We have printed key documents that this person needs and any special events such as the Christmas party." This meant that the person was able to read key information about their care and that they were included in social events. This reflected that people received individualised care dependent on their needs.

The service proactively dealt with complaints and concerns to make improvements to the service. For example, the registered manager had analysed feedback and had implemented measures to improve communications, which ensured people were notified if staff were running late or visit times had to be changed.

The service worked closely with healthcare professionals and provided outstanding end of life care. People were supported with dignity and compassion at the end of their lives. Staff had been given specialist end of life training to support people at the end of their life. The service worked closely with specialist nurses and hospice staff to enable people to remain in their own homes at end of life if that is what their wishes were. Support was given to families by the care staff and management team. We read one compliment from a relative of a person who had been supported at the end of their life, it read; [Loved one] passed away early hours this morning, they asked that the staff member be praised for their excellent over and above support that they had provided.





## Is the service well-led?

### Our findings

Without exception, people and relatives were all very positive about the management of the service. They described the registered manager as being supportive and approachable. One person said, "They get the right sort of people [staff] so they must be doing it all right." Another person told us, "I really like the Newsletter as it gives us a bigger picture. I also like the 'Carer of The Month' scheme they get a bonus, chocolates and flowers. We can take part in that. It also gives the dates for the tea parties that they arrange." Staff spoke positively of the management team. One staff member told us, "They always let us know what's going on and any changes. They text and email us updates and changes in people's care." One staff member told us, "It's a good team, we all support each other very well."

The provider and staff had received a range of awards both from external agencies and outside the franchise from Bluebird care. The service was awarded franchiser of the year by Bluebird Care. Following this there was feedback from Bluebirds marketing director as well as ITN news who was present stating that, "I can honestly say [name] and I were blown away by your office environment. I have never seen a small team of people so happy, welcoming, positive, friendly, united, motivated, professional and as proud as your team are. What you have created is far more than a business, you have created a 'work family' who take 100% pride in what they do. I have never seen anything quite like it." The service was also nominated by Windsor and Maidenhead Business awards for the 'excellence in customer service awards'. Two staff members were given awards by the Pride of Reading awards for going the extra mile and making a difference to people's lives.

The service had strong leadership based on the values which people were at the heart of. These included; quality, passion, integrity, professionalism, caring, reliability, excellence and respect. The provider and registered manager were excellent role models for their staff and provided inspirational leadership, characterised by innovation and a culture focused on delivering high quality care. The registered manager told us, "The staff really do live and breathe our values." Conversations with staff, consistently demonstrated they were highly motivated, passionate and took great pride in delivering high quality care, in line with the provider's policy. When we spoke with staff it was evident they were motivated, proud and passionate about the provider's values which meant that people received a high-quality service.

The provider and registered manager told us of how they strive to continuously improve the service, to value and retain staff which in turn means people get consistency of care of a high standard. The provider had introduced care champions to give staff responsibility and to feel valued and motivated.

Staff were well supported to work within the provider's vision and values. The service regularly used both one to one and group supervisions, team days, team meetings, social media and newsletters to embed their values by asking staff to discuss and reflect how these could be integrated within everyday working practice. When we spoke with staff it was evident they were motivated, proud and passionate about the provider's values which meant that people received a high-quality service.

There was a clear management structure in place. An operations manager, two branch managers who

covered separate areas and a live-in care manager supported the registered manager in their role. Their role was to oversee the day to day running of people's support packages and supervise staff. Each team had tiers of management with clearly defined roles and responsibilities, which helped to ensure that the service ran efficiently, this was following a restructure of the service to enhance the previous management team and build on and improve the quality of the service. The provider also took a prominent role in the day to day running of the service, attending training, staff meetings and participating in events the service was involved in. This meant necessary changes were communicated quickly and people received a responsive service.

The service was committed to promoting staff wellbeing and recognition. The service provided a range of employee benefits, staff also had access to employee recognition schemes which rewarded staff for longevity and quality in their working practice. The provider believed strongly in fostering a team ethic with staff. They told us, "Our care workers are amazing and we want to retain them, we always value and respect them and want them to feel appreciated." They had organised staff awards to be given throughout the year, staff also got badges and awards for time in service, celebrating one, three and five years. Staff who received awards were given gifts. The provider also gave staff a day off on their birthday along with gifts and cards. These awards and incentives were given to affirm the staffs value and to enhance the feeling of being appreciated.

The provider had created new ways of recruiting staff to ensure they were recruiting high quality staff who would work with the provider's values. New candidates went through a vigorous recruitment process consisting of more tailored and specific interview questions based on the providers values. This ensured people were applying for the right reasons and that they care, are passionate and want to make a difference to people's lives. As a result of this the recruitment and retention has improved by 30% in one year. This has benefitted people as they receive more consistency of care with carers they know and trust. Staff induction had also been changed and improved to include more information and communication for new starters. New staff also attended a values and culture based workshop. Profiling was carried out so that the management team knew a person's strengths and development needs and could therefore support them in their preferred learning style and build on their strengths. This meant greater stability of care for people.

The service demonstrated a strong social responsibility and played a prominent role within the community. By organising and participating in events, programmes and initiatives that raised awareness of what was available for people, the service contributed to improving the wellbeing of people who used the service in practical ways. There were many examples where the staff were able to use the knowledge of local events and resources to pass on information to people enabling them to access these services. This included advocacy services, community services and social events to help people avoid social isolation. The provider sends out regular newsletters to people with information on local groups, events and for updates of the service.

The provider regularly arranged charity events to raise money for local charities. Once a year following the staff of the year awards a staff member would choose a charity and provider and staff would arrange events such as sponsored walks, cake sales to raise money for the charity. Two staff members who had been supporting people with dementia did a sky dive to raise funds for a dementia charity to raise funds for more research and support for people with dementia.

The service used a range of quality assurance tools to assess and monitor the quality and safety of the service. The provider completed a regular audit of the service in relation to how, safe, effective, caring, responsive and well led the service was. Audits were carried out and provided an overall performance score and action plans created for any areas which required improvement. We noted that any identified areas for improvement were subject to action plans monitored by the registered manager.

The registered manager also asked staff to assess the quality of the service. The registered manager asked for suggestions and ideas from staff in order to ensure they understood how the service could meet the required standards and how they could improve it further. Staff were asked to complete staff surveys to feedback on the quality of the service. Feedback was very positive in general. From the last survey one area identified from the survey was that sometimes there was not enough travel time given to staff. This was looked in to and changes have been made following this to give more time.

The registered manager had instilled a firm commitment towards reflective practice from staff to drive improvement in the service. The registered manager monitored and reviewed each individual's progress and staff set themselves weekly targets. We were shown how staff monitored their own performance in relation to key areas in their role and how this drove them to make continuous improvements. The provider held an array of meetings so staff were fully supported. Staff meetings, management meetings, area meetings as well as one to one supervisions gave staff support and a chance to reflect and feedback any issues they may have. These meetings were also used for updates and to share best practice.

There were a variety of ways used to gather feedback from people who used the service. Feedback forms were sent, people had access to google feedback forms, the registered manager visited people to gain feedback also. Feedback was gathered and action plans put in place following any areas that needed improvement. The service then distributed a summary of the results and action plan to people and staff. The responses to the most recent survey were very positive. Feedback was positive and in the last survey 97% of people stated they would recommend Bluebird Care.

We reviewed compliments that the service had received, one read, "All the carers are excellent, all respectful considerate and willing to help." Another read, "My [Loved one] requires a live-in carer and four care calls a day, the package by Bluebird Care has been excellent. Communication is very good and all carers treat my [Loved one] with dignity and provide sympathetic helpful care." Another read, "Thank you for all your help and support, it's more comforting than? you know."

Measures were in place to monitor incidents people experienced and to ensure appropriate actions had been taken for people. The registered manager analysed any incidents that occurred, identified the cause and made a person-centred plan to avoid re-occurrence. Records showed that following incidents relevant measures had been taken for people.

There was strong evidence of partnership working within the service. Community nurses and occupational therapists attended regularly. There was open communication with other agencies and where the service had concerns about a person this was communicated to the relevant healthcare professional.