

Yasnad Limited

# Bluebird Care (Bury)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection, which took place on 28 and 29 September 2017. Bluebird Care (Bury) is a well-established service that has had a change of legal entity and the provider is now registered as Yasnad Limited. Therefore this is the first rated inspection of the service.

At the time of our inspection 155 people were using the service, covering a wide range of care and support arrangements in their own homes. No children were using the service.

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

People told us they had no concerns about their safety. Staff had received training in safeguarding adults. Staff were encouraged to report any abuse they witnessed or suspected.

Systems were in place to help ensure that only staff suitable to work with children and vulnerable adults were employed by the service.

There was a stable staff team in place, who knew people well. This helped to ensure consistency and continuity of care for people. There were sufficient numbers of support workers available to ensure the safe running of the service.

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks to people.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service or family members took responsibility for their own medicines.

Staff had access to protective clothing such as disposable gloves and aprons when needed. This helped to the reduced the risk of cross infection.

Staff received the induction, training and supervision they required to be able to provide safe and effective care.

Most people who used the service had the capacity to make decisions for themselves. Staff had received training in the Mental Capacity Act and this helped them to understand their responsibilities where people lacked capacity.

People chose what they wanted to eat and drink. Where there was an identified risk of malnutrition people's food and fluid was monitored and advice from the appropriate healthcare professionals was requested.

People were supported to maintain good physical and mental health through regular monitoring by both staff and external professionals.

Feedback from people who used the service was very positive about the care and support they received from members of the staff team.

During the Macmillan coffee morning we observed warm and friendly interactions between staff and people who used the service.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

Staff we spoke with told us they enjoyed working in the service and felt valued by colleagues, the nominated individual, the registered manager and the management team.

Quality assurance systems were in place including regular audits and checks completed by the registered manager.

## 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

Staff had received training in safeguarding adults and knew what action to take should they witness or suspect abuse and harm taking place, including the poor practice of colleagues.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service took responsibility for their own medicines.

Staff had access to equipment to reduce the risk of cross infection.

### Is the service effective?

Good 

The service was effective.

Staff were supported through induction, appraisal and the services training programme to help them carry out support safely and effectively.

People's nutritional needs were assessed according to their dietary preference and need. Where appropriate records of people's food and fluid intake were recorded.

People had access to external health professionals to help maintain their health and where agreed, staff accompanied people to health appointments.

### Is the service caring?

Good 

The service was caring.

People spoke positively about the care and support they received from support workers.

We observed warm and friendly interactions between staff and people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

Care and support was planned in a way that took into account people's individual preferences and wishes.

People were supported to maintain as much independence as possible.

The service recognised and encouraged social inclusion.

People and relatives we spoke with knew how to make a complaint and were confident that any concerns they raised would be addressed by the service.

### Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission. A committed management team supported the registered manager.

People and staff said they felt supported by the registered manager and that the management of the service was very good.

There were on-going audits and quality assurance checks in place to help ensure standards were being maintained.

The Care Quality Commission (CQC) had been notified of reportable incidents in the service.

# Bluebird Care (Bury)

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 28 and 29 September was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before our inspection, we contacted the local authority commissioning and safeguarding teams. This helped us to gain a balanced overview of what people experienced accessing the service. We reviewed the information we held about the service including the notifications the provider had sent to us.

Prior to our inspection, we requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR from the registered manager as well as a good response to our questionnaires from people who use the service, staff and community based professionals, with mainly positive responses to the care and support received.

On the first day of our inspection we spent time talking with the registered manager, a care supervisor and a care co-ordinator. On the second day of our inspection we attended a Macmillan coffee morning to raise money for the charity. At this event, we spoke with six people who used the service, two relatives and four support workers including a senior support worker.

We looked at care records of four people, the staff team training record, supervision records, arrangements for meal provision, records relating to the management of the service. We reviewed the services recruitment procedures and checked the arrangements for staffing.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe with the support they received from the service. They said, "I have regular workers. I don't want strangers. You have got to trust them. I wouldn't like them to send anyone else because of the key safe", "I have used the service for eight years and I am very happy", "I feel safe. [Support worker] is really good. When I get upset [support worker] cheers me up". A relative told us, "Everything is working. I am very happy. They have done a lot for [person]."

From the questionnaires we sent out 26 people who used the service confirmed they felt safe and one person answered that they did not know. 100% of 28 staff who responded to the questionnaire confirmed that they knew what action to take if they suspected people were being abused or at risk of harm.

Staff we spoke with confirmed they had received safeguarding and whistleblowing training and knew what their reporting responsibilities were. They were confident that if they raised any concerns with the management team action would be taken to address the situation. A support worker said, "I would tell management straight away" and "[Management] want to know if I have any concerns. It is a very supportive team so you can ring anyone. I would check back what had been done."

Staff confirmed that a full recruitment process had been carried out and they had received induction training before they started work. We checked to see that staff had been safely recruited. We reviewed three staff personnel files of recently employed support workers. We saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We saw that the service used social media to help them advertise and recruit support workers locally by sharing with other groups. The registered manager had recently asked people who used the service and relatives if they wanted to be involved in the recruitment of staff interviews. Eight people had responded to the registered manager confirming that they would.

On our returned questionnaires, we received a small number of mixed responses from people who used the service about the reliability of staff. The registered manager told us that there had been some disruption during the recent school holidays, when the mainly female workforce had wanted time off with their children. The registered manager showed us that they now emailed support workers every week to ask them to check their rota to ensure they could meet the commitment and if not let the service know to give them time to make alternative arrangements. This action had been taken to help prevent this situation happening again.

The service rarely carried out fifteen minute calls. The minimum call was usually thirty minutes. We saw that people were either emailed or sent their schedule of support by post. Where one person was not able to

read staff talked through the rota with them on the phone.

The registered manager told us that the service had a settled staff team of 60 people including the office staff. All the management team had worked as support workers and senior support workers prior to being managers so they all knew the people who used the service and the staff team well.

We were told that all the managers, except the marketing manager, were trained and would go out on visits at short notice or in an emergency. There was an on-call management rota for staff to access. The management team encouraged staff to raise any issues with them so that they knew what was happening and could address any problems.

The registered manager showed us the current electronic tag system they used to ensure visits were covered. The computer system was used to monitor that visits had been undertaken or check why they had not to ensure people and staff were safe.

The care co-ordinator talked us through the system. Information held showed that in the absence of a regular support worker, which members of the staff team knew the person well through prior visits so that they could attend. It also blocked male carers where the person had expressed a preference for female only support workers. Rotas we saw confirmed that people received support from the same regular workers.

The registered manager told us that there were plans in place to introduce a new 'real time' system that could be monitored remotely and the service was currently making a decision between two systems. Electronic care records, risk assessments and other records could be used on the new systems. The registered manager understood the importance of ensuring that electronic system must protect people's personal information.

The registered manager told us they thought that ensuring a good match between the person who used the service and support workers was crucial to ensuring the smooth running of the service. They said, "Good relationships are key to everything." People we spoke with told us that they had regular support workers. One person said, "I have regular workers. There was one once who I just didn't rub along with and they were changed." A relative told us, "[Person] has regular support workers and they know [person] well. They ring and let you know if there is a problem."

Support workers said, "Matching people and support workers is really important", "I am not rushing. We have plenty of time available for support", "I adore [person] and my rota is built around [person's] needs", "I have a regular rota with a diverse group of people" and "I am not under pressure. It is good all round."

We saw on people's care records that detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk management included, finances, moving and handling, use of a shower, control of substances hazardous to health (COHSS) and an environmental risk assessment, which included fire safety.

We saw information that people used different types of equipment, for example, hoists, carelink which raised an alert if a person had fallen and specialist equipment such as a possum pads and audio descriptive televisions. This helped to promote people's independence whilst ensuring their safety.

A community based health and social care professional commented in questionnaire returned to us, "Out of the agencies used within the borough (whom I work closely with regards manual handling) I feel this agency are a higher quality than most of the others. They take advice on board. The senior staff will assess the



situation before putting through referrals, so they are generally appropriate for an assessment. I have rarely had service users be dissatisfied with this agency."

We saw that the service had a business continuity plan in place. The purpose of a business continuity plan is to help prevent a crisis in a sudden emergency, for example, damage to the office premises or equipment, loss of staff and severe weather.

Systems were in place to reduce the risk of cross infection in the service. We saw that staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We saw stock was available at the office and staff took them as they needed them.

Systems were also in place to ensure the safe handling of medicines. One person told us that prior to taking over their support from another care agency; the registered manager and a care supervisor had visited their home and removed all out of date medicines. They confirmed that they now received their medicines as planned and their health had improved because of this.

The service had a medicines policy and procedure to guide staff how to administer medicines safely. Staff received training in the administration of medicines and their competence was assessed during spot performance reviews carried out by senior staff. A care supervisor had recently undertaken the United Kingdom Homecare Association (UKHCA) medicines train the trainers course. This will help to improve the medicines training available to staff. We were told that medicines training was undertaken on the second day of the induction training and that examples of medicines that staff might use were available in the training room.

People were supported to take responsibility for their own medicines wherever possible. The service monitored people taking their own medicines to ensure they were taking them correctly. The registered manager always notified us if there was an incident involving concerns about medicines and what action had been taken by the service to prevent a reoccurrence.

We saw that the service used a medicines administration record (MAR) to maintain records for people who they administered medication to. A record was kept of care worker signatures in the office so the service was able to easily identify visit record and MAR chart signatures. A record kept of care worker signatures in the office so we are able to easily identify visit record and MAR chart signatures. This was good practice. There were protocols in place for 'as required' medicines, for example, paracetamol for pain. A number of people had a significant amount of medicines administered and this could be via a percutaneous endoscopic gastrostomy (PEG) feeding tube through a person's stomach. We were informed that there was a team of staff who were trained to use a PEG feed and administer medicines through the feed by qualified nurses. This helped to ensure people received their prescribed medicines safely.

# Is the service effective?

## Our findings

No concerns were raised with us about the support workers ability to support them. Staff we spoke to told us, "It's a great team. We laugh all the time." "I like to do training and it is kept up to date. If we want further training they will provide that."

In response to our questionnaires staff said, "Bluebird is a lovely place to work for and they have fantastic carers. My service users always seem happy with their care and I always feel confident enough to do my job as I have the right training and support." "I have been on many training courses and also online training to make me a better carer and be more confident at worker. I am often asked in supervision if I would like more training. If I do require training I will be on the course within a few weeks.'

Staff received two days induction training from the service and then shadowed established staff with the people they had been identified to support before working in an unsupervised capacity. Plans are in place to increase the induction training to maximise the train the trainers courses that one of the care supervisors had recently undertaken. Following induction staff were automatically enrolled on Level 2 diploma in health and social care.

Staff had access to training online, in house workshops and through Bury Adult Care Training Partnership of which the service was a member. We talked with a care supervisor about the recent training they had undertaken with UKHCA in relation to train the trainer courses. The training courses included medicines management, moving and handling people, stroke and dementia awareness and end of life care. This training was to be rolled out to staff in the near future and help them to provide good quality care and support.

Both the registered manager and the care supervisor said that the service was committed to ensuring staff received good quality training. It was their intention to ensure that staff had a range of different training experiences as, for example, some staff did not benefit well from online training. We saw that the service had a training room that contained equipment that people may use in their homes such as a hospital bed and hoist. The care supervisor told us they ran small group training sessions that were kept as relaxed as possible to help encourage new staff to raise questions or concerns they had. They said, "No question is a stupid question."

We saw that the registered manager kept detailed records about the training and supervision of the staff team. Supervision records showed that staff received an outcome rating of excellent, mainly good or requires improvement, for example when training was required. Records also included spot checks and performance observations undertaken by senior staff which looked at the quality of support given, medicines and food hygiene by support workers.

We saw that there was a lot of information and guidance leaflets about health and social care around the office for people and staff to access.

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 saw that the service requested details of whether or not relatives held power of attorney for personal welfare including healthcare and medical treatment. This was so the service knew who the right person was to help make decisions about consenting to care and treatment. A record was made of whether a copy of the documents was held on file or not. The registered manager informed us that no one had a deprivation of liberty safeguard or court of protection in place.

We talked with a staff member who worked at a new twenty four hour supported living arrangement that had been set up quickly by the organisation to meet the person's needs. They told us that they were helping the person to manage their health needs by promoting a healthy diet and enrolling at a slimming club. They talked about the ways they helped the person manage their anxieties and supported them to attend health appointments. The person told us that the staff had, "Clear professional boundaries. They are a stickler for them."

People had different arrangements in place for food and drink that reflected their personal needs and preferences. Where a person was at risk of malnutrition then the service would request support and advice from the appropriate healthcare professionals such as dieticians and speech and language therapists (SALT). The service would also maintain food and fluid intake records to help monitor what the person was eating and drinking and to inform the healthcare professionals. Other people were supported to do online shopping if they were unable to get out, whilst others may use microwaved meals. We were informed that one person had a talking microwave to help them maintain their independence.

We saw on some people's records where they had more complex needs that they were supported by a wide range of healthcare professionals. The service worked in partnership with them and where appropriate relatives to help ensure the person's health and wellbeing was maintained. Medical history was seen on the care records that we looked at. A staff member said that because they knew people well they were able to detect small changes in people's wellbeing particularly where people had limited communication.

# Is the service caring?

## Our findings

Feedback from people who used the service was very positive about the care and support they received from members of the staff team. During the Macmillan coffee morning we observed warm and friendly interactions between staff and people who used the service.

People gave us their views about the staff supporting them. They said, "My support worker is a good laugh", "My support workers are good and kind. They seem to sense what I want. They have good manners. I would not want them to send anyone else" and "[Bluebird] look after their staff and they are all happy. My mum is really happy." "[Support worker] is lovely."

On the questionnaires we received back from people about staff they commented, "Everyone has been kind and helpful", "Professionally first class" and "The care workers I have are angels."

The registered manager told us there was a stable staff team at the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them.

We saw evidence that care workers were matched with customers from the same ethnicity to help overcome language barriers. One relative commented, "[Care worker] speaks Punjabi which is a huge help to us." We also saw evidence to show that the support arrangements had been changed at short notice for people to celebrate the Jewish New Year festivals.

We saw information about where a relative had requested emergency support from the on call service to help them with an incident that had occurred with a person who used the service. The nominated individual had made arrangements with the relatives of people who lived a distance away for one person's to have their laundry done and another for a person's shopping. This money was then refunded to the nominated individual at a later date. This reduced that amount of money left at people's houses, which promoted their safety from exploitation.

We saw evidence that showed the service had kept in contact with and supported the family of a customer who has passed away. A family member had written a play that included a part based on their relative and their journey with Alzheimer's as they had wanted to raise awareness of some of the issues those living with dementia and their families face. This event was mentioned in the services newsletter so that people and staff could attend.

At the Macmillan coffee morning we talked with a person who was no longer using the service but had kept in touch with the service and their care worker. We also saw evidence of where the registered manager had visited a person who had previously used the service who had moved into a care home. This helped people to maintain on-going relationships with staff from the service.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues, the nominated individual, the registered manager and the management team. A support worker told us, "It's a

fantastic place to work. I love the range of people [supported] and I like to hear their stories." "We promote people's independence." A support worker who had experience of working with other domiciliary care agencies said, "This is one of the best and our clients are really happy." "We get good customer feedback so we know we are doing the right thing." A person said, "They have never made me feel embarrassed when they give me a shower."

We asked the registered manager to give us examples of occasions that the staff team had gone the 'extra mile' for people who used the service. They told us about how they had bought a new part for a specialist chair to assist with transfers and supporting people to pursue their hobbies and interests such as swimming, badminton and snooker. They also told us about situations where people with dementia did not accept that they needed support.

The nominated individual agreed to remove fuel costs for a person who said they could not afford the fuel costs for their care worker taking them shopping. Removing the fuel costs for the person allowed them to continue to go shopping and be able to buy good quality food.

The nominated individual sent all the people who used the service a card on their birthday with either fresh flowers or a box of chocolates. We met people, relatives and staff at a Macmillan coffee morning to raise money for the charity. The service also held a raffle prize in which a person who used the service could win a £100 voucher to use a local chocolate shop and restaurant. This demonstrated that people were valued and encouraged to be involved in the service.

The service had a statement of purpose and a customer guide in place, which gave people information about what they should expect from the service called 'Your life, your care, your way'. The documents included contact details, which included out of hours and emergency on call. Information included details about the management team, the qualifications held by support workers, information about the time recording of visits, the care and support plan and the name and contact details of an independent advocacy service that people could contact for support if required.

One of the care supervisors had recently undertaken a train the trainer's course in end of life care. This training was to be delivered to staff in the near future and help them to provide good quality end of life care for people.

## Is the service responsive?

### Our findings

We looked at the care records for four people who used the service. We noted these contained detailed information regarding people's health and social care needs as well as their personal preferences. We saw that the level of support people needed was regularly reviewed

The senior support workers were responsible for ensuring that care records were checked to ensure they were accurate.

We saw that care records were seen to be person centred and were sectioned in areas 'What's important to me' and 'How I would like to be supported'. Records stated, 'I am a worrier and I like my routine and continuity of care', 'I enjoy watching snooker and tennis and I don't like to be interrupted when this is on', 'I enjoy the company of my support workers. Please include me in conversations' and 'I would like to stay as independent as possible. This is the most important thing to me'.

People who used the service confirmed that staff would always support and encourage them to do as much as they could for themselves. We talked to a person who had used the service to support them back to full independence following an accident. They had kept in touch with the service to attend social events. They said, "I would use them again. Definitely." Other people told us they helped them to complete household tasks and sort out their finances and pay bills.

People who used the service were supported to undertake activities both at the service and in the local community where agreed. The registered manager told us that social inclusion and maintaining good relationships with family and friends was very important. Two people who were at risk of social isolation were regular visitors to the office. One person came into the office and had lunch with staff every other week. They told us, "They organise coffee mornings and I can come into the office." Staff collected newspapers for one person on their way to their morning visit.

People we spoke with told us, "Me, my mum and [support worker] meet for lunch together every fortnight and are going to Blackpool Lights" and "I go out with [support worker] every Thursday and I like that."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place, which provided information about the process for responding to and investigating complaints. All the people we spoke with during the inspection told us they knew how to make a complaint if they were dissatisfied with the support they received and were confident their concerns would be taken seriously. A person said, "If I have any worries [registered manager] sort's things out." Relatives said, "Any issues are quick to be resolved" and "Our support worker goes above and beyond. I have no worries and if I had I would say so."

The registered manager told us they always encouraged staff to record any concerns raised by people who used the service in order to demonstrate the action taken to resolve matters, even if this was done on an immediate and informal basis. This demonstrated a commitment to on-going service improvement. We saw that a record of complaints was maintained and reviewed by the registered manager on a monthly basis.

This information showed what action the registered manager had taken to resolve the issue, including the dismissal of staff if they had repeatedly let a person who used the service down.

We saw that the registered manager kept records of compliments about the service. We looked at recent cards and emails sent to the service by people who used the service and others. People commented, "I never thought in a million years I would come this far in just two weeks. Thank you for your hard work! And thank you for making a lad very happy"; "I am impressed by the exceptional service [support worker] gives. [Support worker] goes over and beyond what is asked of her. She is reliable, friendly and has shown how knowledgeable and professional she is by her actions. If I had a parent needing support I would want some like [support worker] to be their carer as I would have 100% confidence and peace of mind that they were in good hands" and "We find [support worker] really polite, cheerful and happy to do anything asked of her."

The service produced a newsletter that let people who used the service know what was happening. In the September/October 2017 issue, we saw articles covering, the growing team, meet the management team, customer compliments and information about local events and projects that people may be interested in such as the Age UK Friends Together Group.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. The registered manager had worked at the service for many years and was very knowledgeable about the people using the service. The nominated individual, two care supervisors, two care co-ordinators and a marketing manager supported them in the day-to-day running of Bluebird Care (Bury).

The registered manager spoke positively about the new nominated individual. They said that, "[Nominated individual] has been brilliant. Very supportive and I have everything that I need. We share a commitment to ensure that our customers received the best care."

The registered manager spoke positively about the management team. They told us that the managers had all originated from the support worker team and had become managers through career progression. The registered manager said, "We are a strong team and can be open and honest with each other." The members of the management team we spoke with demonstrated a commitment to ensuring people's experience of the service was positive.

As a means of continuous improvement and management development, the nominated individual had invested in a care supervisor attending Train the Trainers courses. Courses included, stroke and dementia awareness, end of life and moving and handling people training. This ensured that the service had an appropriately trained individual who could then cascade training down to all staff and had improved the induction training available to new care workers.

Following our inspection we were sent further examples and evidence, which demonstrated the nominated individual went above and beyond their role as an employer in supporting their staff both professionally and personally. For example, three cars had been purchased by the nominated individual, specifically for care workers who were 'walkers' or their cars are too old to run so they are able to continue to work and support their regular customers. We saw that the nominated individual had introduced a staff recruitment initiative scheme. The idea being that family and friends of a good care worker will have similar qualities as the care worker. The staff member who nominated the person received a £25 vouchers when the candidate completed their induction, a further £25 if they completed their training and £100 pounds if the candidate completed 12 months in post. The service supported staff members cultural needs and requirements by authorising annual leave on religious holidays. This had resulted in staff retention and satisfaction rates increasing. This meant that people who use services received their care and support from a happy and consistent staff team who knew them well and how best to support them.

The service ran an employee of the month award. People who used the service nominated who they thought should receive the award. The winner received a £20 voucher. This evidenced that the registered provider valued the staff team.

People who used the service told us, "The managers and carers are very good" and "Strong management



have made a big difference. They have got everything down to a T. I am so grateful the office are on top of things." A relative said, "The management are very good. They helped sort out finances, which isn't their job."

Staff told us "In sixteen years this is one of the best places I have ever worked and I put that down to management." On our returned questionnaires staff members commented, "I have found Bluebird Bury a very good company to work for. They will go the extra mile for their employees and especially their clients" and "I am very pleased to work for this care service in Bury. I believe every service user received high quality of care at Bluebird. Owner, manager and all the staff are very helpful, supportive, kind and positive. Thank you." We saw evidence to show positive feedback from a staff member who had left. They commented, "It is with real regret that I have to hand my notice in because I really love my job and the support, help and training I have had from [the management team] has been unbelievable."

On our survey responses community based professionals commented, "It is clear to see that Bluebird Care offer a level of care that is superior to that provided by the standard commissioned agencies" and "I would like to take this opportunity to compliment the manager at Bluebird for their services offered to our customers. Also we do a lot of joint working and Bluebird are approachable and do all they can to amend schedules to meet for joint visits."

We saw a number of emails from the local commissioning team that showed the service had responded quickly to an emergency situation where there was no support available for a person who had complex needs. This meant that the person who needed care and support received it in a timely manner.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. A person who used the service had given a talk at a team meeting. The registered manager said that they hoped there would be more service user involvement in the future around specific health needs and their experience of the service.

We saw that in the training room there was a staff wall. The 'Staff Wall' gave care workers the opportunity to leave positive feedback about colleagues, which helped team building and improved morale. We saw that any compliments received from people who used the service or their relatives and friends were passed on to care workers in recognition of their work.

'Care Worker Catch Up' meetings took place which gave care workers the opportunity to write down anything they were feeling anonymously or as a group. It also helped to combat the isolation of 'lone working'. Staff had a monthly supervision, observation or one to one meeting with a member of the management team. This gave staff the opportunity to speak about any concerns or difficulties they were experiencing either at work or in their home life. The nominated individual had mentored care workers who struggled with mathematics so they are able to get onto a Level 2 Course in Health and Social Care.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

We saw that the registered manager maintained a continuous improvement register, which identified the improvement required and reason for the improvement.

We saw that Bluebird Head Office had undertaken a quality visit on 13 September 2017 and a report and action plan had been produced. We saw that action had already been taken to address the three issues raised. The assessor commented on the report, "There are robust office and administration systems in place and [registered manager] was able to confidently demonstrate these" and "[Registered manager] is a very competent registered manager with a personable and assertive leadership style. [Registered manager] is well organised and structure. [Registered manager] understands and is able to demonstrate that quality assurance is key to the safe management of a care business."

We saw that the service maintained a risk register, which covered all the people who used the service. Priority areas included whether or not the person lived alone, required two staff for manual handling or needed a carer to carry out personal care tasks. The answers to these questions provided the service with a risk rating so the staff were clear about the level of priority each person needed in an emergency.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. The service had recently introduced a 'Bluebird Care Worker App' which gives the care workers instant access on their smart phones to all the company's policies. It also provided guidance on what action to take in an emergency situation.

We saw that the service maintained an electronic support worker file quality assurance tool, which covered recruitment checks, evidence of supervision, annual appraisal and required training updates. The service also has an electronic customer quality assurance tool which looks at a wide range of issues including checking a range of care records and that customer reviews have taken place.

The service was a member of the UKHCA and the Bury Registered Managers Network. This helped the service to keep apprised of changes in best practice.

Before our inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

From our questionnaires we saw that 100% of 26 people who used the service confirmed they would recommend the service to another person and 96% of staff would recommend the agency to a member of their own family with one staff member not sure.